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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	1 DE	CEASED NAME	FIRST		MIDDLE		LAST	20	DATE KNOWN	HTMOM T	DAY YEAR	26 HOU
A	(14)	PE OR PRINT)	Goldi			7	in		OF ESTI-	<b>3</b> 5	0 05	
30158	0. 5E	1/	RACE	IS DATE OF BIRTH	114 405	(IN YEARS IF U	amaupin	50.04 LIDG 0		× 5	9 1985 DAY YEAR	21.11011
55.55	130		NACE	MONTH DAY	YEAR LAST	BIRTHDAY) MON		ER 24 HRS. 20	DATE RONOUNCED	MOITH	UNI TEAM	2d HOU 8PM
\$25E	10	MALE	COL	11-3-	14/ 7	YRS.			DEAD	5	10 1985	OFM
10年11日		IRTHPLACE (STA	TE OR	76 CITIZEN OF WH	AT COUNTRY?	8		9	BALTIMORE CIT	Y OR COUNT		
田童の世帯の人	FC	REIGN COUNTRY)		110	1 17		RIED NEVER MA	= /	D-314			
開きなる。	10.6	MUA	-	410	. 07			RCED M		ore Ci		M
を開発して	10 C	ITY OR TOWN C	OF DEATH		PITAL, NURSING I		HER INSTITUTION	FOR MC	L OCCUPATION	TYPE OF WORK	OR INDUST	
	1	Balti	imore		Eutaw Pl			0	MASTI	a		
IF ANY DELA SHOULD BE I RECORDS.	USU			OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE A	DMISSION)						
₹9€58 - A		TATE	13b. COU	NTY	13 CITY OR TO		13d INSIDE CITY LIMITS		T ADDRESS	0	- 7.0	-
A A S S S	1	ARYX AL	10		4JAKTI	MORE	YES NO		FUTAG	1ZACY	F 2121	/
.000	14. F/	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MA	IDEN NAME	WIDDLE		LAST	
TEST SOU	1	ILLOW F	Donz La	MACIBIH	/-		SENUIL	E HV	m45			
- 0 × × 0	160 V	VAS DECEASED	EVER IN U.S. AL	1	16b. SOCIAL SEC	CURITY NO.	17. INFORMANT	17	ADDR	ESS	17.13	215
E PAGE FORM SES 1 A		ES, NO. OR UNKNOW		E WAR OR DATES)				1.1	-	1		7
IRS AFTER DE S. GIVE PAGE WITH FORM PAGES 1 A DIVISION OF		Na					MRS SAD	IE HUC	3145329	03 UI	CLETA	VE
				nly one couse per line	for (o), (b), and (c	:).)					APPROXIMAT BETWEEN ONSE	
24 HOU ITEM 1 LONG PERMI SIENE, VAL	1577	PARTIDEA	TH WAS CAUSE	ED BY: ATE CAUSE (o)	rterioso	clerotio	c cardiova	ascular	disease		000000000000000000000000000000000000000	
2 E N E O S			IMMEDIA	TE CHOSE (O)	AS A CONSEQUE							
ITHIN 24 H VER ALON ANSIT PER AL HYGIE REMOVA	000	Conditions	, if any, which									
Z S S S S S S S S S S S S S S S S S S S	31-	gove rise	to immediat	e (b)								
PENC AMIN OR ENT		lying cause	tating the under	DUE TO, OR	AS A CONSEQUE	NCE OF						
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XECUTE JG" IN SAL EX- BURIAL AND M		PART 2 OTHER SIGN	IFICANT CONDITION	S CONTRIBUTING TO DEATH I	OUT NOT RELATED TO TH	NE TERMINAL DISEA	SE OR CONDITION GIVEN IN	PART 1 Id				
BE EXECUTED WEDING" IN INCIDENCE EXA BURIAL AS A BURIAL AND MALTH	Z											
	CERTIFICATION	19a, DATE OF C	DEPATION	Ties cosinit	IONI FOR WHICH	OPERATIONIA	VAS PERFORMED?				20 AUTOPSY	2
SED SED	5	INC. DATE OF	DICKATION	178 CONDII	ONTOK WINCH	OF ERATION V	YASTERI ORMED:			1	AUTOPST	
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CERTIFICATE SHOULD TING THE WORD "F ED TO THE CHIEF 3 SHOULD BE USED DEPARTMENT OF H I PRIOR TO BURIAL,	1 8	210. EXTERNAL		21b. TIME OF	INJURY MONTH DAY		IOW INJURY OCCUR	RED LENTER NA	TURE OF INJURY IN ITE	LIB PART I OR PAI	RT 2)	
THE VI	12	UNDERLYING	☐ OR G☐ CAUSE OF			19						
SHOOT OF THE RIPAR	0	21d INJURY OF		31* PLACE C	The state of the s		OCATION					
PENSET OF	1 3	WHILE O	NOT WHILE		ORT, FARM, ETC.)		STREET		CITY OR TOWN	CO	YTAU	STATE
WRIT WARD VARE PAGE TATE 21201		WHILE AT WORK	AT WORK				1					
W &	19	100 100		ge of the remains desc	cribed pos held	Autor	Inspec	tion X	Inquiry .	and in my op	ninion	
EXAMINERS  GERTIFICATION BE FOR  UND BE FOR  WITH THE  MARYLAND			/ //	L.A.	11/1/	7	1/	1		7		
MERSES		death resulted	Promi / Joh	orpl couses LB.	7711	30000	- Hamicide	J. Undefer	mined manner	٦.		
% SESENA		ACTUAL (	VA	TALA	UNY	m.V	TITLE (SPECIFY)			DATE	- 144	10=
4まる4上… 一		SIGNATURE_	1/1	1100	11/1	wes	oldting (	hietedic	AL EXAMINER	SIGNE	5/11	/85
AEDIC UNER TO WORE			100		100		V					
THE THE	1	TYPE OR PRIN	T) Th	nomas D. Sr	mith, M.D	).	ADDRESS 111	l. Penn	St. Bal	to.MD.		.32
TO ME EXECUTOR PAGE A TO FULL AFTER I	22,0	URIAL, CREMAT					OR CREMATORY	123d. LOC				
				5-15-80		Tus M		CITY OF	TOWN	7 1 COUN	NTY S'	TATE
BP	1	BURIA	-	1 12 00	MERCH	(as /	. W. 1.16		HATU Y	10	1(1)	,

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07/B4 25M

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

(VR A15 ME (5))

William. Box Large - 2010 For the 12 Dece 21219 - Kingeria Alderson L. Sarrier Francisco La Company No. Squir Hogara 1903 diese : HUT Break Break Street Break will a mind parties 2000 party in a war

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

injury, ar ather traumatic event, the

MPORTANT: If Hem 21 is morked or Hem 18 shows ony

MITCHELL-WIEDEFELD HOME, INC.

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1	-	STATE	
		DECISTRAD	

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		3	V	-	
-	NO				

ina Davidson Handelle

1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	).	
	DECEASED NAME FIRST	MIDDE	E L	AST		MONTH DAY YEAR	26 HOUR
(1	YPE OR PRINT) Willi	am S.	Lanterma	n Tr	4	5 77 85	1050 A
3 5	SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER TYEAR	IF UNDER 24 HRS
	M	W	нтиом		70	YRS. DAYS	HOURS MIN.
s-7a.	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	AT COUNTRY? 8 MARRIE	NEVER MARRIED	9. BALTIMORE CITY OI	COUNTY OF DEATH	
	Easton, Pa.	USA	WIDOWE		Baltimon	e City	MD.
10	CITY OR TOWN OF DEATH Baltimore	(IF NOT IN SUCH FAC	PITAL, NURSING HOME C CHITY, GIVE STREET ADDRESS) Memorial	Hospital	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Capt.	DN 126. KIND	OF BUSINESS OR
130	UAL RESIDENCE (IF NURSING HOME OR I. STATE 13b COUN Md.	TY 13c.	residence before admission) CITY OR TOWN Baltimore	136 INSIDE CITY LIMITS? YES [X] NO []	13e.STREET ADDRESS /	ZIP CODE Johns Road	21210
14,	FATHER'S NAME	MIDDLE	EAST	15. MOTHER'S MAIDEN NAM		14	ST
	William S	. Lantern	nan	Ma	argaret Krat	cz	31
160	WAS DECEASED EVER IN U.S. AR		SOCIAL SECURITY NO.	17. INFORMANT	ADDRE	SS	
	(YES, NOOR UNKNOWN) (IF YES, GIV	W II 2	207 05 5730	Mrs. Elizabe	eth R. Lante	erman 105 St	. Johns R
-			f (h l )			APPRO	CIMATE INTERVAL
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	BY:	1	1	2.251+	4 4 4 4	1 1
	IMMEDIAT	E CAUSE (0)	caalop	ulmonary	arrosj	(mmed./	TOVES
		DUE TO, OR AS	A CONSEQUENCE OF	0			
	Conditions, if any, which		robable n	rassiva mua	cordial int	within	1 m
	gove rise to immediate			nassiva myo	dispulmona	n and	
	cause (a), stating the underlying cause last.	DUE TO, OR AS	A CONSEQUENCE OF	4.0			
		( lc)					
z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTI	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CONL	OFFICON GIVEN IN PART 1	la.
CERTIFICATION					Van de	Tank to VEC THEOREM IN	
N N	190 DATE OF OPERATION	196. CONDITIO	N FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE	
					YES NO	YES 🗌	NO D
U		LICHED A M	JURY MONTH DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
1	OR CONTRIBUTING CAUSE OF DEA	III	MOITH DAT TEAK				
MEDICAL	216 INJURY OCCURRED	21e. PLACE OF II		21f LOCATION			
M		(AT HOME, STREET, F	FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOV	AN COUNTA	STATE
	AT WORK AI WORK	b v 1 1 1 1	ceased from Man	26 10 85	IAA	7	
	220 I certify that (this hospit	ol) attended the de		, , , ,		19 0 3	that (I) (and) last
18	saw the deceased alive on above, (1) ( ) (did) (	view the body ofte	r death.	nd that in (my) (my) opinion o	death occurred on the do	te and hour and from the	couses stated
	22b. SIGNA JURE	. 11.		DEGREE			SIGNED
	Jusan n	1 Km	com me	ATTENDING PHYSICIAN	MEDICAL STAF	IAN SO 3/	27/33
	276 PHYSICIAN'S NAME (TYPE O	R PRINCIPLE ON 1	M. Yeomans			-	
	SUSAN M.	VEOM	ns, m	Union M	emorial H	ospital	4-15
-							
230	BURIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d. LOCATION	COUNTY	
230	BURIAL, CREMATION, REMOVAL	23b. DATE 5/30/85		emetery or crematory gyon National	CITH OR TOWNS	ngton, Va.	STATE

6500 York Rd. MAY 29

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL

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OLL WHEN STREET - NOTES

STATE OF MARYLAND

0091	1	FOR	DEPARTA	STATE OF MARTLAND MENT OF HEALTH AND MENTAL HYC	GIENE 8 5	3 9 4 3
000/1	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		EASED NAME FIRST	WIDDLE	LAST	26 DAIL OF DEATH	AN YEAR 26 HOUR
1		ADA	RUTH	LANTZ		100 Z-FM
1	3. SEX		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
2	_	EMALE	CAUCASIAN	AUGUST 14, 1927	YRS.	OFDFATH
7	TE	ATHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY	TY MD.
7	-	LTIMORE	LIE NOT IN SUCH EACH BY GIVE STREET	IG HOME OR OTHER INSTITUTION ANCER CENTER	120 USUAL OCCUPATION (TAPE OF WORK FOR MOST OF WORKING LIFE HOMEMAKET	126. KIND OF BUSINESS OR INDUSTRY
5	13a. S	LRESIDENCE (IF NURSING HOME OF TATE	PROTHER INSTITUTION, GIVE RESIDENCE BEFORE INTY 134, CITY OR TOW	N #134 INSIDE CITY HAITS?	130 STREET ADDRESS / ZIP CODE BOX 167, Sub-	20601 station Rd.
2/1	14. FA	THER'S NAME	MIDDLE S LAST	15 MOTHER'S MAIDEN NA	ME ,	1454
14	Jo	seph Arthu		S MARTHA	r	NAY
ク		AS DECEASED EVER IN U.S. A	IVE WAR OR DATES)	44	ADDRESS	14 17
1		NO	215-26-6	500 Milton L.	Lantz, Same aș	MATERIAL AND ADDRESS OF THE PARTY OF THE PAR
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for to1, (b1, on	TABLE BLEED!	1.5.6	BETWEEN ONSET AND DEATH  3 SALLS
20			ATE CAUSE (0) INTRAC	TABLE DIEEDI	NG	13 days
# OTO			DUE TO, OR AS A CONSEQUE	ENCE OF ASTIC SUN	JDROME	41/2 years
14		Conditions, if ony, which gove rise to immediate	(0)	1	- 51-0-16	
		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF		
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MIN AL DISEASE OR CONDITION GIVE	EN IN PART TIO
23	N O	RENAL FAI	LURE, SEPSI	S, PELVIC ABS	CESS, COLON CA	ANCER
h	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
L	RTIF	APRIL 27, 198			YES NO YES	
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH D.	AY YEAR 716. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P)	ART FOR PART 2)
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211 LOCATION		
	MEC	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, F		CHYORTOWN	COUNTY STATE
		AT WORK — AT WORK	oital) attended the deceased from	February 10 81	10 May 10	19 85 that the feet last
		sow the deceased alive a	n May 10 19	, and that in (my) (pur) opinion	death occurred of the date and hour	and from the causes stated
31,1		271 SIGNATURE	view the body after death.	DEGREE	Harley and the	The DATE SIGNED
		Whichael I	Dewart, U.	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	5/10/85
$\neg$		274 PHYSICIAN'S NAME THE	OR FIRMS	22e. ADDRESS	1	6/ 0
1	1	MICHAEL B.	STEWART, MIL	· Uliv. of M	d. Cancer Ctv., 2	25. guenest.
1	23a. B	URIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d LOCATION	salko Ma 21201
	(	Burial	5-14-85 Tr	inity Memorial	Gens. Waldorf,	Chas. Md.
13	24 FL	NERAL DIRECTOR	ADDRESS	25a. DA	TE REC'D. BY REGISTRAR 256. REGISTI	
	Hu	ntt Funeral	Home, Waldorf	, Maryland M/	AY 15 1985 grain	Davidson-Randelle

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FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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	CEACED ALAME			REG. NO.	
# ITVDE	ECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 26. HOUR
" ITALE	Sony	a	LaPasha	05-21	-85 32%
3.5E	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF U	NDER I YEAR IF UNDER 24 H
	Female	White	07-19-28	56 YRS. MON	THS DAYS HOURS M
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF	DEATH
	MD	USA	WIDOWED DIVORCED	BALTIMORE	- CITY
-	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION		12b. KIND OF BUSINESS
13	Baltimore	34 20 E. No	rthern Pwk.	Secretary	school for Bli.
USU/ 150. S	JAL RESIDENCE (IF NURSING HOME O STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION) WN   13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	2120m
5	MD Bal	1 / 1	more YES NO [	3420 E. Nor	thern Pwi
14. FA	ATHER'S NAME	MIDDLE LOPISI	hich IS MOTHER'S MAIDEN NA	* A MADDLE	- LAST -
	Gregory	La Past	trane	, MICHORO	ovsk4
	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES		ADDRESS 3	420 E. Northern
	No -	216-20	-7578 Diana Lat	asha (daughter) &	salt. MD 2
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per line for (o), (b), a			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
		TE CAUSE (a) RESPIR	ATORY ARREST		immediatel.
		DUE TO, OR AS A CONSEQU	UENCE OF		2 month
	Conditions, if ony, which	( b) BILAT		Fusions/Intestinal	obstruction
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	UENCE OF		
	underlying cause last.	( STAGE		CARCINOMA	5 month
NOIL	PART 2 OTHER SIGNIFICANT	conditions <u>contributing to</u>	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN	IN PART 1(a)
ICATION		conditions <u>contributing to</u>	IV OVARIAN	AINAL DISEASE OR CONDITION GIVEN  200 AUTOPSY? 20b. IF YES, W	IN PART 1(a)  ERE FINDINGS USED
RTIFICATION	PART 2 OTHER SIGNIFICANT NONE 190. DATE OF OPERATION 2/8/85	conditions <u>contributing to</u> 196. condition for which Serous Cystac	DOUBLE OF THE TERM	AINAL DISEASE OR CONDITION GIVEN  200 AUTOPSY? 20b. IF YES, W	IN PART 1(a)
CERTIFICATION	PART 2 OTHER SIGNIFICANT NO NE  190. DATE OF OPERATION 2/8/85	196. CONDITIONS CONTRIBUTING TO  196. CONDITION FOR WHICH  Serous Cystac	DODESTH BUT NOT RELATED TO THE TERM HOPERATION WAS PERFORMED  Jeno Carcino ma Oval  1216 HOW INJURY OCCUR	200 AUTOPSY? 200. IF YES, WIN CERTIFYIN YES NO	ERE FINDINGS USED G CAUSES OF DEATH?
	PART 2 OTHER SIGNIFICANT  NO N E  190. DATE OF OPERATION  2 8 85  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CARROLL EXAMINE (IF EITHER NOTIFY MEDICAL EXAMINE	196. CONDITION FOR WHICH Serous Cystac  116. TIME OF INJURY HOUR A.M. MONTH D P.M.	DOLLAR BUT NOT RELATED TO THE TERM HOPERATION WAS PERFORMED  HOPERATION WAS PERFORMED  HOPERATION WAS PERFORMED  JAY YEAR 19	200 AUTOPSY?  200 LIF YES, WIN CERTIFYIN YES NOW	ERE FINDINGS USED G CAUSES OF DEATH?
	PART 2 OTHER SIGNIFICANT  NO NE  190. DATE OF OPERATION  2 8 85  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED	196. CONDITION FOR WHICH SEPONS CYSTAL  216. TIME OF INJURY HOUR A.M. MONTH D	DOBATH BUT NOT RELATED TO THE TERM HOPERATION WAS PERFORMED  JOHN THE TOTAL OF THE TERM  AND THE	200 AUTOPSY? 200. IF YES, WIN CERTIFYIN YES NOT NOT YES PART 1	ERE FINDINGS USED G CAUSES OF DEATH?
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT  NO N E  190. DATE OF OPERATION  2 8 85  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CARROLL EXAMINE (IF EITHER NOTIFY MEDICAL EXAMINE	196. CONDITION FOR WHICH SERVES CYSTAC  216. TIME OF INJURY HOUR A.M. MONTH D P.M.  21e PLACE OF INJURY	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED  JEAN YEAR 19 211. LOCATION STREET	200 AUTOPSY? 200. IF YES, WIN CERTIFYIN YES NOT NOT YES PART 1	ERE FINDINGS USED G CAUSES OF DEATH? NO DORPART 2)
	PART 2 OTHER SIGNIFICANT  NO N E  190. DATE OF OPERATION  2 8 85  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHITE AL WORK  220.1 certify that (1) (this hosp	19b. CONDITION FOR WHICH SERVES CYSTAC  21b. TIME OF INJURY HOUR A.M. MONTH D P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,  ital) ottended therdeceased from,	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED  JEAN YEAR 19 211. HOW INJURY OCCUR 19 211. LOCATION STREET 19 211. LOCATION 19 19 19 19 19 19 19 19 19 19 19 19 19 1	200 AUTOPSY? 200. IF YES, WIN CERTIFYIN YES NOT	ERE FINDINGS USED G CAUSES OF DEATH? NO OR PART 2)  COUNTY STATE
	PART 2 OTHER SIGNIFICANT  NO NE  190. DATE OF OPERATION  2 8 85  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAURE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that O (this hosp saw the decessed alive or above. O (we) (6/3) (did no	19b. CONDITION FOR WHICH SEROUS CYSTAC  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE)	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED  DAY YEAR 19 211 LOCATION STREET  , and that in (1) (our) opinian	200 AUTOPSY? 200. IF YES, WIN CERTIFYIN YES NOT	ERE FINDINGS USED G CAUSES OF DEATH? NO OR PART 2)  COUNTY STATE
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DHMH - 16 50M 1/81 (VRA 15, 4)

10 FUNERAL DIRECTOR: After this certificate has breen lighted by the attendan should be detached for use as the busing-trainst permit. Then please remove cost with the State Dept. of Health and Meddal Hygiene prior to busing. cremation: or

ATTENDING PHYSICIAN, The

retained by the hospital or

BP.

TO HOSPITAL

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19012	1 - STATE REGIST
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	CEASED NAME FIRST	MIDDLE	L.	AST	20. DATE OF DEATH	MONTH 5 DAY	21YEA 85	26 HOUR
TYPE	FRANK	JOSEPH	La	aSCUOLA	3	21	82	342
3, 56	X	4. RACE	5. DATE O		6 AGE (IN YEARS LAST BIRT	THDAY) IF U	NDER I YEAR	IF UNDER 24
1	Male	White	Janu	uary 17,1923	62	YRS.	THS DAYS	HOURS /
7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
]	Maryland	U.S.A.	WIDOWE		Baltimo	re City	7	
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	TREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	F WORKING LIFE	12b. KIND C INDUSTRY	F BUSINESS
1	Baltimore	St. Agnes Ho			Retired-Op.	Eng.	G.S	.A.
130.	STATE No COL			13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 106 Melvi		1e 2	1228
-	ATHER'S NAME			15 MOTHER'S MAIDEN NA	ME	111 111 0111	10 2.	1220
7	James	LaScuo	la	Rose	WIDDLE		Cas	scio
	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL S	SECURITY NO.	17 INFORMANT	ADDRE	SS		
			2-9776	Linda LaSc	uola Sam	e as #	13	
	Conditions, if ony, which	DUE TO, OR AS A CONSE	EQUENCE OF					
CATION	gove rise to immediate cause (a), stoting the underlying cause last	DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE  (c)  CONDITIONS CONTRIBUTING	EQUENCE OF TO DEATH BUT		NINAL DISEASE OR CONC 200 AUTOPSY?	20b IF YES, W	ERE FINDIN	NGS USED
TIFICATION	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE  (c)  CONDITIONS CONTRIBUTING	EQUENCE OF TO DEATH BUT				ERE FINDING CAUSES	NGS USED
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DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR. After this certificate hos been signed by the attending physician and c should be detached for use as the burial-tronsit permit. Then please remave carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the hospital or attending physician

BP.

(VRA 15, 4)

5/23/85

Garrison Forest Veterans Orings Mills

Tuneral Homes PoA Will A Company Compan 74 FUNERAL DIRECTOR Lersymm. & Russell C. Witzke Puneral Homes P.A 1630 Edmondson Avenue, Catonsville, Md. 21228

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours afternaned by the hospital as attending physician.
<b>S</b>	thot
ECORDS, 20	aw requires
	he le
DIVISION OF VIT	TO HOSPITAL OR ATTENDING PHYSICIAN, The I retained by the hospital at attending physicion.
	L OR ATT
	TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral should be detached for use as the buriol-transit permit. Then please remove carbonopers. Pages if and 2 should be illed "intim 72 with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

WhORTANT: If them 21 is marked or them 18 shows any injury, an other troumatic event, the medical examiner must be farted at approximately.

FOR

155056

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5	-	3	j	4	(
DEC NO					

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

1	- STATE REGISTRAR			DEI ARTA	CERTIF	ICATE OF DEATH		EG. NO.		
	CEASED NAME	FIRST		MIDDLE		AST	20 DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR
	HETURY				LA	URY	ľ	3	26 1985	12 A M
3 SE	х	1	. RACE		5. DATE C		6. AGE (IN YEARS	AST BIRTHDAY)	MONTHS DAYS	
	Male		Blac	k	12	26 1928	, 56	YRS		
	RTHPLACE (STATE OR	foreign 7		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE	ITY OR COUN	TY OF DEATH	
	/irginia			S.A.	WIDOWE	D DNORCED	BALTI	MORE C	ITY,	MD.
IV	ITY OR TOWN OF DE			HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCC			OF BUSINESS OR
31	HT/MORE	5	0 -		SPITI	12				
	AL RESIDENCE (IF NUR STATE	136 COUN		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.STREET ADD	RESS / ZIP CO	DF 212	15
Ma	aryland		and the same of th	Baltimo		YES 🔣 NO 🗌	3411 P	ark He	ights	Avenue
14. F/	ATHER'S NAME		IDDLE	LAST		15. MOTHER'S MAIDEN NA		DDLE		151
	ERSI	_ "	-4	-		Mamie	1941	NOTE.		131
	WAS DECEASED EVER			16b SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS		
(	NO OR UNKNOWN)	(IE YES, GIVE	WAR OR DATES	229-32-	-3843	Susie Jon	es 2507	Cotta	ge Ave	nue
	18 CAUSE OF DEATH	TH (Enter only	one couse per	line for (a), (b), and	d rem	414			BETWEEN	XIMATE INTERVAL
	V PART I. DEATH V	VAS CAUSED	CAUSE (0)	ARBTO A	2ESP1	RATORY AR	REST.			
	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		R AS A CONSEQUE	NCE OF	21				
	Conditions, if any		(b)_	ARD	5,	1/0 MEN	7N761715	<u> </u>		
	gove rise to im couse (a), stati		DUE TO OF	R AS A CONSEQUE	NCE OF					
	underlying coust	e lost.		mulsTI		END ORGI	IN FAILU	RE		
_	PART 2 OTHER SIG	NIFICANT CO	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OF	CONDITION G	IVEN IN PART 1	(a)
ő										
CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY		ES, WERE FIND	
TIE							YES NO		YES [	№ □
CE	218. ACCIDENT WAS UN	-	216 TIME O		Y YEAR	21c HOW INJURY OCCUP	RRED PENTER NATURE	OF INJURY IN ITEM 18	8 PART   OR PART 2)	
CAL	OR CONTRIBUTING [		P./		19					
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>	AT WORK NOT W	HILE				1		28		
	220 certify that (I					m3/26 19 83	10	Am 5/26	19 65	that (I) (we) last
	sow the decease obove, (1) (we) (	did) (dd not)	view the body		. ar	nd that in (my) (our) opinion	death accurred an	the date and h	our and from the	e couses stated
	THE SIGNATURE	7	Λ	. ~		DEGREE			22c DATI	ESIGNED
	9	7		July 1		ATTENDING PHYSICIAN	MEDICAL DIRECTOR F	STAFF PHYSICIAN [	572	6/82.
	124 PHYSICIANS		34,5939	The same		22e ADDRESS		.1 - 1	1	
	V	ULIUS	K.	BOAKYE	$\equiv$	1 PROUL	DEMI	1105 9	TITIC	
	BURIAL, CREMATION	, REMOVAL	23b. DATE	-		EMETERY OR CREMATORY	23d. LOCATIO		COUNTY	STATE
1 4	OKTWD		6/1/	om   co	ount	Zion Cemet	erry Lan	sdowne		Mastate

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

Wm C MArch F/H Inc. 1101 North Avenue

BP.

5	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 9 4 /
	ECEASED NAME FIRST PE OR PRINT)  OWON	Gilbert	Lauver	te. Drite of Deritin	1985 8:05P
3 5	EX Male	1 RACE White	5. DATE OF BIRTH MAJBRIL 4, 1942		MONTHS DATS HOURS MIN.
35 70	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maruland	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED XI WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY Baltimore	
10	CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURSIN	g HOME OR OTHER INSTITUTION APPRESSIL, Balto. Md.	120 USUAL OCCUPATION  (1) TO CONTROL OF WORKING UP	12h KIND OF BUSINESS OR
マム 130	ual residence if nursing home of STATE 136 COL	R OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOWN	N 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE	.Balto.Md. <b>2</b> 123(
20	FATHER'S NAME (Villiam	Menry Lauve	15 MOTHER'S MAIDEN NA	ME	Bowling
nedic	WAS DECEASED EVER IN U.S. A [YES, NO OR UNKNOWN] (IF YES, G	ve war or dates) 218-05-4	500 Mrs. Louise	B.Lauveryn 5524 (1	harring Rd. Bal
or other troumatic event, the	PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUE	MOCORDIAL	INFARCTION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7	cause (o), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO D	NCE OF DEATH BUT NOT RELATED TO THE TERM	inal disease or condition givi	EN IN PART 110
CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
E / 4	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI		Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	
MEDIC.	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
2	sow the deceased alive a	n 19	, and that in (my) (our) opinion	, to, death accurred an the dote and hour	19, that (I) (we) last and from the causes stated
	226. SIGNATURE	- //	DEGREE		224. DATE SIGNED

TO FUNERAL DIRE should be detached with the State Dept IMPORTANT: If Item retained by the ! TO HOSPITAL BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial

23c. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery

22e ADDRESS

ATTENDING

PHYSICIAN

23d. LOCATION Daltimore,

DIRECTOR PHYSICIAN

STAFF

MEDICAL

COUNTY Pary land

24 FUNERAL DIRECTOR McCully Funeral Home, 130 E. Fort Ave. Balto. Md.

1985

(A)

701

the state of the s

divine unique to the second

THE RESERVE TO SELECT

- STATE REGISTRAR

(TYPE OR PRINT)

Female

3 SEX

DECEASED NAME

7a. BIRTHPLACE (STATE OR

10 CITY OR TOWN OF DEATH

Baltimore

N.C.

Ruth

DATE OF BIRTH

9/19/23

USA

ISUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

b. CITIZEN OF WHAT COUNTRY?

4. RACE

Black

# STATE OF MARYLAND

Lawrence

MARRIED . NEVER MARRIED

IF UNDER 24 HRS

DIVORCED .

DEPART	MENTO	PHEALI	HAND	MENIA	r mi	CIEIAE SE
MEDICAL	<b>EXAMI</b>	NER'S	CERTI	FICATE	OF	DEATH

AGE (IN YEARS IF UNDER 1 YR.

WIDOWED

LAST BIRTHDAY)

61

11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

1325 S. Hanover Street

YEAR

	3	7	9	3
PEG NO			300	

11 1985

NOXIX

STATE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1985

26 HOUR

7:14

ам

20. DATE KNOWN

PRONOUNCED

DEAD

24. DATE

ESTI-DEATH MATED

9. BALTIMORE CITY OR COUNTY OF DEATH

Baltimore City,

128. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY

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Contract of the	RESTO
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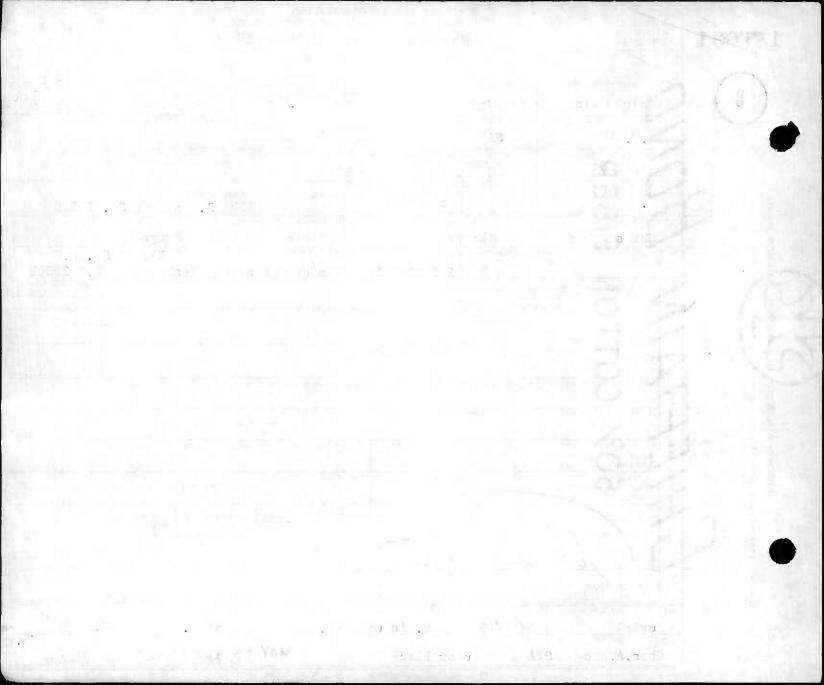
24 HOURS AFTER DEATH BE EXECUTED WITHIN SHOULD I THIS CERTIFICATE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

13a. Ş1		Baltimore		over St. 21230
4	THER'S NAME FIRST MIDD  Christopher	Thompson		npson
	VAS DECEASED EVER IN U.S. ARMED FO			ff11 I St. N.E ington D.C 20002
	Conditions, if any, which gove rise to immediate couse (a) stating the <u>under-lying</u> couse last.	cause per line for (a), (b), and (c).)	ic cardiovascular disease	, APPROXIMATE INTER
IFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION		20 AUTOPSY? YES □ NO
MEDICAL CERTIFICATION	216 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED WHILE AT WORK AT WORL	HOUR A.M. MONTH DAY YEAR	HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITER  LOCATION  STREET CITY OR TOWN	
	ACTURE NOW NO CONTROL	MA AD A	Homicide . Undetermined monner .  TITLE (SPECIFY)  M.D.ACting ChieffEDICAL EXAMINER  ADDRESS 111 Penn St. Ba	ond in my opinion  DATE SIGNED 5/11/85  1to.MD.
(S	Burial 5/	14/85 Mt. Auburn	Y OR CREMATORY  Cem.    23d, LOCATION   CITY OR TOWN   Balto.	COUNTY STATE  Md.  EGISTRAR'S SIGNATURE
(	Chas.A.Rice FSPA	1300 Eutaw Place	MAY 1 5 1985 Jul	hia Davidson Randree

07/84

D (VR



mpletely filled in to

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

death certificate

ATTENDING PHYSICIAN: The

TO HOSPITAL

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE S

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
DECEASED NAME FIRST	WIDDIE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
TYPE OR PRINT)  Clai	W.	Leach Jr.	May 8, 1985	10:05p
SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
Male	Black	2 19 20 T	65 <sub>Y</sub>	MONTHS DAYS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8.  MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COL	INTY OF DEATH
	USA	WIDOWED DIVORCED	□ Baltimore Ci	
CITY OR TOWN OF DEATH  Baltimore	(IF NOT IN SUCH FACILITY, GIVE ST		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	NG LIFE) 126 KIND OF BUSINESS C
SUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BI			
MD 13b CO	Balti	MOTE YES XX NO [	1701 Eutaw	P1. 21217
FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN	NAME	LAST
Claude	Leach	Sr.   Maggie		Hellen
WAS DECEASED EVER IN U.S.		ECURITY NO. 17 INFORMANT	ADDRESS	
(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES) 219-0	5-6784 Nettie l	each 1819 Rux	ton Ave.
IN CALICE OF DEATH (Enter	only one couse per line for (a), (b	andic		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	DUE TO, OR AS A CONSE	Genic Shock  OUENCE OF  Gial Infarction  TO DEATH BUT NOT RELATED TO THE	terminal disease or condition	I GIVEN IN PART 110
Lumphoma				
Lymphoma 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IN C	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF ETHER NOTIFY MEDICAL EXAMIL 21d. INJURY OCCURRED	DEATH HOUR A.M. MONTH		CURRED (ENTER NATURE OF INJURY IN ITE	
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	ICE FARM, ETC.)	CITY OF TOWN	COUNTY STATE
sow the deceased alive	spital) attended the deceased from	0.0	to <u>May 8,</u>	hour and from the causes stated
Farry C	1. Esparson	DEGREE ATTENDIN PHYSICIA		221. DATE SIGNED 5-9-85
278 PHYSICIAN'S NAME	J. Eloners	22e. ADDRESS  C/O Maryl	and General Hosp.	ital
BURIAL, CREMATION, REMOVA		3 NAME OF CEMETERY OR CREMATO	DRY 23d. LOCATION	
Burial	5/14/85	Arbutus Mem. Pl	CITY OF TOWN	e Co. Md

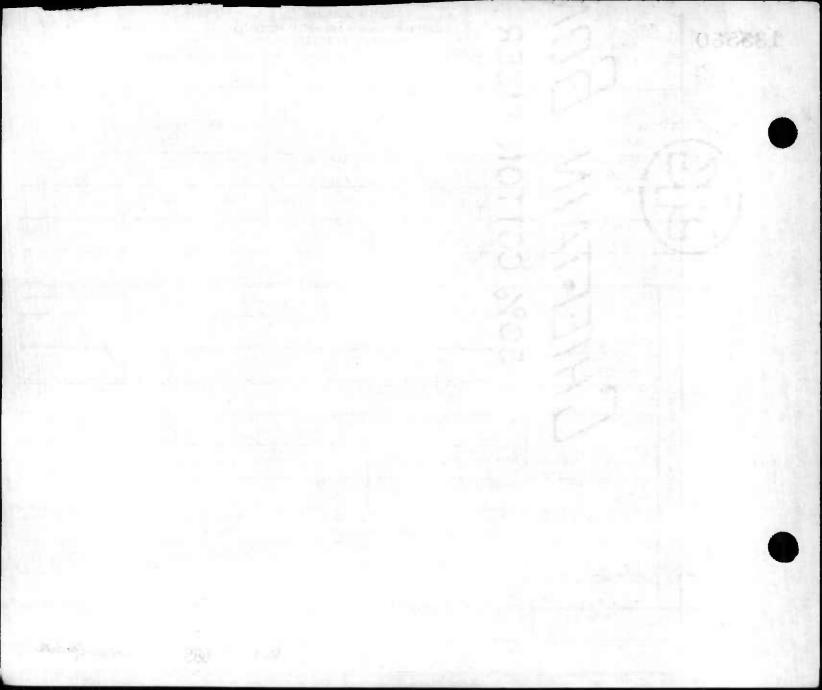
DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. APORTANT: If them 21 is morked or them 18 shows ony injury, or other troumotic event, the

(VRA 15, 4)

24 FUNERAL DIRECTOR
NAME
C. M E. 1101 North Ave. March F/H

O 1985



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DIVISION OF VITAL RECORDS		
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TO FUNERAL DIRECTOR. After this certificate hos been signed by the attent should be detached for use as the burial-transit permit. Then please removes with the State Dept. of Health and Mental Hygiene prior to buriol, cremation.

retained by the hospital or attending physicion.

BP\_\_\_\_\_ DHMH - 16 50M 4/83 (VRA 15, 4)

injury, or other tran

IMPORTANT: If Hem 21 is marked or Item 18 shaws any

STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 1 3 9 5

1 - STATE REGISTRAR

CERTIFICATE OF DEATH

REG NO.

					REG. 14					
	CEASED NAME FIRST OR PRINT)	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEA	26. HOUR			
	MAZ	TE	MEDDEN			5 12 8	SPA			
3. 5EX		4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIR					
	Female	White	May	4 4000	95	YRS MONTHS D	AYS HOURS MIN			
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEAT	H			
	Maryland	U.S.	A. WIDOW	ED DIVORCED	BALTIMO	RE CITY	A			
0. CI	TY OR TOWN OF DEATH		TAL, NURSING HOME (	OR OTHER INSTITUTION	12a USUAL OCCUPATI		ID OF BUSINESS O			
	BAL/TIMORE		EMORIAL HOS	PITAL	Housewif	e Ov	vn Home			
JSUA Ja S	AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION, GIVE RE	ESIDENCE BEFORE ADMISSION)	1 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE				
-	Md.		altimore	YES NO		hews St.	21218			
4 FA	THER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE		LAST			
	Unkno		to a	FIRST	Unkown		LAST			
	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 S	OCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS				
(4	(ES, NO OR UNKNOWN)	IVE WAR OR DATES)	9-16-0651	Mary Eller	Coggins	Baltimore	e. Md.			
	18 CAUSE OF DEATH (Enter						PROXIMATE INTERVAL			
	PART I. DEATH WAS CAUS	ED BY:		AMEST		62.14	ELIVORSET AND DEAD			
	IMMEDIA									
		DUE TO, OR AS A CONSEQUENCE OF								
	Conditions, if any, which (16) Intection									
	cause (a), stating the DUETO, OR AS A CONSEQUENCE OF									
	(c) Urosepsis preumonia									
2	PART 2 OTHER SIGNIFICANT				INAL DISEASE OR CON	DITION GIVEN IN PAR	T Ito			
CERTIFICATION	SIGMOID VOI				,	Tool IF MES THERE EN	IDINIGO MASS			
N V	190 DATE OF OPERATION	1%. CONDITION	FOR WHICH OPERATIO	IN WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU				
RTE					YES NO	YES [	NO 🗌			
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	THOUSE AND A	JRY MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART	(2)			
CAL	(IF EITHER, NOTIFY MEDICAL EXAMIN		19							
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF IN.	JURY CTORY, OFFICE, FARM, ETC.)	211. LOCATION	CITY OR TO	WN COUNTY	STATE			
2	AT WORK AT WORK		eroar, orrice, raam, ere r	4						
	22a. I certify that (1) (this has		eased fram5	19.35		2 1985	_, that (1) jump ya			
	saw the deceased alive a abave, (1) (we) (did) (did s	n 5/12	19.95o	nd that in (my) (or) pinian	death accurred an the de	ate and haur and Irom	the causes stated			
	22b. SIGNATURE	or view the body offers		DEGREE		22c. D	ATE SIGNED			
	Dans	5 Diane	_	ATTENDING PHYSICIAN	MEDICAL STAI		5/12/85			
	224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS						
	DAUID	5. DUN	~	701 €. 6	University	Pkwy				
	URIAL, CREMATION, REMOVA	L 23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION					
(3	Burial	5-17-85	Baltim	nore National	Balto	COUNTY	Md			
4 FU	INERAL DIRECTOR				E REC'D. BY REGISTRAR	256 REGISTRARE-SIG				
	NAME	ing 0. CON	ADDRESS DOLL	A.A.	AY 16 1900	0	-			
	enry W Jenk	IIIS & SUN	s co , Bal	LO. , IVIO						

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	#	6.3	Seen.	
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0 110	1			

		REGISTRAR	MED	ICAL EXAMIN	ER 3 CERTIFIC	ATE OF DEA	REG. NO.			
		CEASED NAME FIRST OR PRINT)		MIDDLE	LAST	2	OF ESTI-	MONTH	DAY YEAR	2b. HOUR
	( I TPE	JAMES		E. LEI	DLOW		DEATH MATED	5	19 85	M
	3. SEX	M NOHITE	S. DATE OF BIRTH MONTH DAY JUNE 27,	1930 6. AGE (IN YE LAST BIRTHD.	AY) MONTHS DAYS		R. DATE PRONOUNCED DEAD	момтн 5	19 NO SEAR 19 85	2d HOUR 2:45
		THPLACE (STATE OR EIGH COUNTRY)	76. CITIZEN OF WAR	AT COUNTRY?	MARRIED NEV	ER MARRIED	BALTIMORE CITY OR	COUNTY	OF DEATH	
1	1	TLABAMA	0.5	. A ·	WIDOWED [	DIVORCED	Baltimore			MD.
	Ba]	TOWN OF DEATH	4039 Sinc	lair Lane	, OR OTHER INSTITUT	TON 120 USU	AL OCCUPATION (TYPE O OST OF WORKING LIFE)	F WORK	26 KIND OF BU OR INDUST	
		ATEMD . 136. COUN	OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSI 134 CITY OR TOWN BALTO	13d INSIDE (IT	IV HMITS?   13e STRE	et address. 39 Sinch	AIR	LANE	3
1	-	BEN	MIDDLE LE	ED Low	M	R'S MAIDEN NAME INDIE	MIDDLE 7	ATTE	RSON	
	16a. W		MED FORCES? WAR OR DATES)	4/6-36-2	246 R-IR	ENE LED	Low SAM	E AS	Common Co	
		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	D BV						APPROXIMATE BETWEEN ONSE	
١		IMMEDIA	TE CAUSE (0) Arte	eriosclero AS A CONSEQUENCE	tic Cardio	vascular I	Disease			
		Conditions, if ony, which	DUE TO, OR A	IS A CONSEQUENCE	Jr.					
ı		gove rise to immediate couse (o) stating the under-		S A CONSEQUENCE	OF.					
1		lying couse lost.	(c)							
1		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1 (a)				
	O			betes Mell						
	CAT	190. DATE OF OPERATION	196 CONDITIO	ON FOR WHICH OPER	ATION WAS PERFORA	MED?			20 AUTOPSY?	
-	RTIF	A) EVERNIAL CALIFE WAS	274 XIIVE 222	N. I.					YES 🗌	NOXCK
7	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		MONTH DAY YEAR	21c. HOW INJURY (	OCCURRED (ENTER NA	ATURE OF INJURY IN ITEM 18 PAI	RT 1 OR PART	2)	
	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE CAT WORK	21e PLACE OF STREET, FACTO	FINJÚRY (ATHOME, RY, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN	COUN	NT Y	STATE
		22a I certify that I taak charg	(TV) / -	A D	Autopsy	Inspection ,	Inquiry . and	in my apir	nian	
		ACTUAL SIGNATURE	ude /S	hugh 1	M.D. ASS	PECIFY) sistant <sub>MEDIC</sub>	CALEXAMINER	DATE SIGNED	5-20-85	5
		(TIPE OR PRIMI)	is F. Smyt	h, M.D.	ADDRESS	111 Penn	St., Balto	. Mr	21201	
	230. BL	RIAL, CREMATION, REMOVAL TO PERFY)	36 DATE	231. NAME OF CEA	METERY OR CREMATO	CITYO	CATION Z	COUNT	v. Co. st	ATE
- 1	4	0170	J 04-00	CHAMA	TOKASI V	ET.		17 4	0.00.	1710

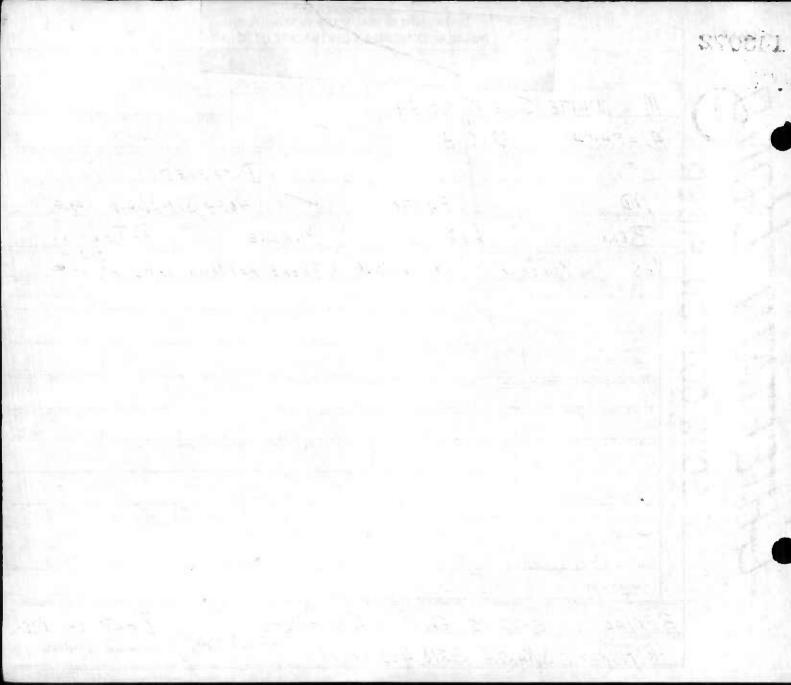
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BP **DHMH - 17** 

(VR A15 ME (5))

24 FUNERAL DIRECTOR

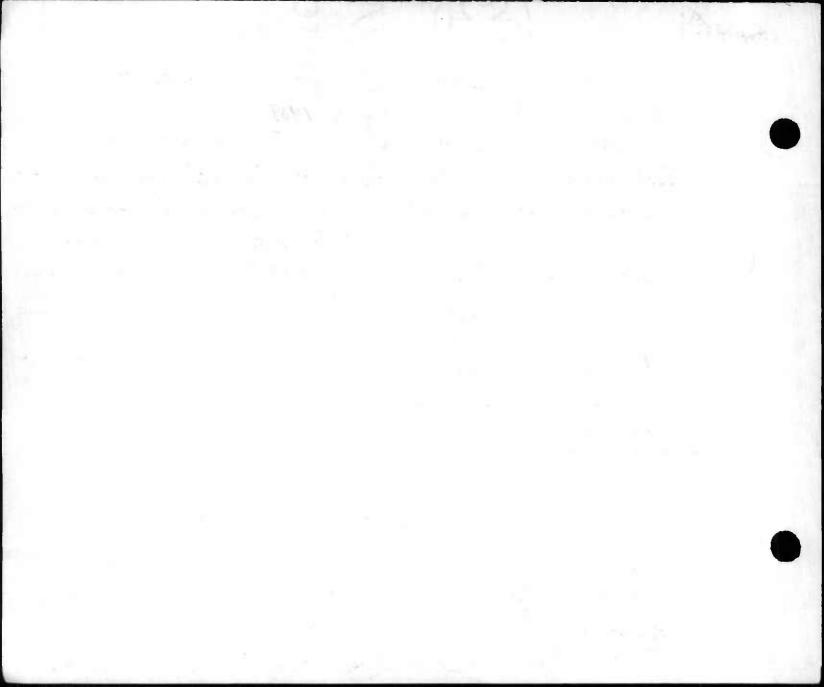
MANY - SKARDA 3218 HUDSON ST.



143016	1 -	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO	
be oge 3		OR PRINT) AIRST	MAC	Lee	^	lay 17-85 PPM
ge 4 mc ector, p	3. SE	temale	1 RACE	5. DATE OF BIRTH  OAY  9  1909		YRS DAYS HOURS MIN.
death. Po	_	ountry) md.	76 CITIZEN OF WHAT COUNTRY	WIDOWED DIVORCED	Ba	etimore (ty MD.
201 urs ofter o	B	altimore	Stord Da	marition Atop	120 USUAL OCCUPATION OF OF YORK FOR MOST O	ON 126 KIND OF BUSINESS OR INDUSTRY Logy P.P.
AND 21:	130.5	arfant Fla	other institution give residence before the later of the	WHAT IS INSIDE CITY LIMITS?		Lutson St 21078
., BALTIMORE, MARYLAND 2120 ficetti be executed within 24 hours byging and combinely littled in by poper Poper I and 2 thould be tilt noval ent the added commercially to its	/	- Mary Anna Carlotte - Mary An	MIOOLE LAST	15. MOTHER'S MAIDEN N.	MIDDLE	. Lee
TIMORE TIMORE		VAS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL SEC (E WAR OR OATES) 220-14	0365 Elizabeth	t O. Lee	Hane de Grey M.
	ď	PART I. DEATH WAS CAUSE	oly one cause per line for (a), (b), one cause per line for (a), (b), one cause (b), one cause (c), one cause (	•		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ING PHYSICIAN: The low requires that the death certicate that this certificate has been signed by the attending to sithe buriol-transit permit. Then please remove carbon than and Mental Hygiene prior to burial, cremation, or responsed or them 18 shelps any injury, or other troumatic expected.		Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQ  (b) SEPSIS  DUE TO, OR AS A CONSEO  (c) COBA CO			
rRDS, 2C requires requires Then pli r to buri injury, o	NO		chive tissue		minal disease or con	
TAL RECOR	CERTIFICATION	190 DATE OF OPERATION 5/17/85	colon care		YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
PHYSICIAN: The ending physicial physicial this certificate to buriol-transit and Mental Hygis dor tem 18 she	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH P.M.	DAY YEAR	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART ?)
DING PHY: or offendis After this e os the bu olth and M morked or	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	E, FARM, ETC.) 211. LOCATION STREET	CITY OR TO	OWN COUNTY STATE
VITENDI spirol or STOR: A for use of Heal		saw the deceased alive an above, (I) (we) (did) (did no	tal) attended the deceased from  19 1) view the body after death.	ond that in (my) (our) opinion	to, to	ote and hour and from the causes stated
0 " 0 70 7		226. SIGNATURE	_	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	
TO HOSPITAL (retoined by the TO FUNERAL Eshould be detoived the Store EMPRORTANT: if		David Herri		60( N. WOLL		altimore MD.
BP	230. [	SULLA CREMATION, REMOVAL	May 22-85 6	NAME OF CEMETERY OR CREMATORY	Cas Cocation Cas Cifest	Leen Frayford, med

DHMH - 16 50M 4/B3 (VRA 15, 4)

Tile of Bullock - Stander Three MAY 20 1985 Adia Surdan Pen



poge 3 ter death

# TO HOSPITAL OR ATTENDING PHYSICIAN: The low

injury, ar other traumatic event, the

should be detoched for use as the burial-tronsit permit. Then pleose remave corborpope with the State Dept. of Heolth and Mental Hygiene prior to burial, cremotion, or removal morked or Item 18 shows ony

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

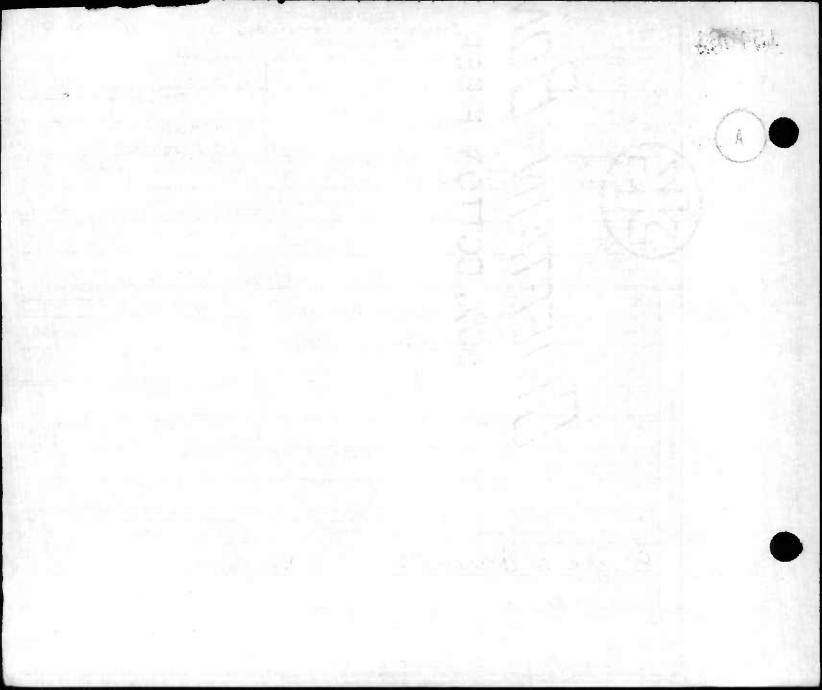
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	,	

	REGISTRAR						REG. N	0.			
	CEASED NAME	FIRST	MIDDLE		tAST.		20 DATE OF DEATH	MONTH	DAY YEAR	2b HOU	JR
	CORPRINT	Joseph	R.	Le	ee		May 27, 19	985		7:2	O P
3 SE	X		RACE		ATE OF BIRTH		6. AGE LIN YEARS LAST BIR		MONTHS DAYS		A 24 HRS
	Male		Bla		3 22		81	YRS.	MOINTIS DATS	nouks	M IN.
	IRTHPLACE (STATE	OR FOREIGN 71	CITIZEN OF WHAT	COUNTRY? 8		ER MARRIED 3	9 BALTIMORE CITY		OF DEATH		
	arvland		U.S.A.		DOWED [	DIVORCED [	Baltimo	re Ci	tu		ME
-	ITY OR TOWN OF	DEATH 1	1. NAME OF HOSPIT	AL, NURSING HO	OME OR OTHER I	NSTITUTION	120 USUAL OCCUPAT	ION	12b KIND	OF BUSINE	-
	Baltimo	re	Maryland			17	(TYPE OF WORK FOR MOST	AL AAOKKIIAO [II	T) INDUSTRI		
USU 12a			THER INSTITUTION GIVE RES	SIDENCE BEFORE ADMIS	SSION)		In STREET ADDRESS	/ 710 CODI			
	Maryland			nty or town altimore		E CITY LIMITS?	130 STREET ADDRESS	nt St		212	17
_	ATHER'S NAME					ER'S MAIDEN NA	ME	110 00			1
	Joseph	MI	R. Le	e, Sr.	Ma	attie	WIDDLE		Garre	AST +	
	WAS DECEASED E		ED FORCES? 166 S	OCIAL SECURITY I			ADDR	ESS	OGILE		
	YES NO OR UNKNOWN	(IF YES, GIVE V	var OR DATES) 218	3-09-210	09 Lill	lian Spe	encer 171	1 Bru	int St	reet	
	IR CAUSE OF D	EATH (Enter only	ane cause per line fa			•				XIMATE INTE	
	PART I. DEAT	H WAS CAUSED	BY:	gestive (	The second second	ionathu			OCT VVCC.	ONDET AIRD	DEATH
		IMMEDIATE	CAUSE 10)_CON	gestive (	cararomy	opacing					
			DUE TO, OR AS A								
	Conditions, if		( b) Hyp	ertensiv	e Heart	Disease					
	gave rise to		DUE TO, OR AS A	CONSEQUENCE	or						
	underlying co			gestive i		ilura					
	CART C CYLIS	10.1151617.66					INAL DISEASE OR CON	DITIONICI	(ENLINE DART 1	in I	
z	PART 2 OTHER	SIGNIFICANI CC	DADITIONS CONTRIB	SUTING TO DEATE	DOI NOI KELA	IED TO THE TERM	IINAL DISEASE OR CON	DITION GIV	EN IN FAKI I	10	
CERTIFICATION	190 DATE OF OPI	ERATION	196 CONDITION	OR WHICH OPER	RATION WAS PE	REORMED	20g AUTOPSY?		S, WERE FIND		
FF							VES CI NOCIE		FYING CAUSE	S OF DEAT	
ERT	210. ACCIDENT WAS	SUNDERLYING []	216 TIME OF INJU	RY	21r HOV	/ IN IURY OCCURE	YES NO				
	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M. M	NONTH DAY	YEAR	, moon, occom	(Elater ANIONE OF INSI	K. 104 11 EM. 10 7	ALL TON THE E		
MEDICAL	(IF EITHER NOTIFY	MEDIC AL EXAMINER)	P.M.	LIBY	19 211 LOC	ATION					
ME			(AT HOME, STREET, FAC			REET	CITY OR TO	IWN	COUNTY	5	STATE
	_	T WHILE	1		M212 0	0.5	Man	77	0.5	72	
			I) ottended the dece		May 8,	19. 85	, toMay :	2/4	1985_	. that K (	
	above, (K)	e) (did) (oxo har)	May 27, view the body after o	leath.		TO (our) opinian	death occurred an the d	ate and hou			ated
	226 SIGNATURE	1	11	AA ()	DEGREE	ATTENDING	MEDICAL STA	cc	22c. DAT	E SIGNED	
	bru	ee D	. Drown	7 Mos	,	PHYSICIAN [	DIRECTOR PHYSIC		5/2	7/85	
	22d PHYSICIAN	S NAME (TYPE OR F	PRINT)		22e. ADD						
	Bruce S	hames, 1	M.D.		C	o Maryla	and General	Hospi	tal		
23a.	BURIAL, CREMATIC		23b. DATE		OF CEMETERY	OR CREMATORY	23d. LOCATION				
I	BURTAL		5/31/85	Balt	timore	Cemeter	ry Baltimo	ore,	COUNTY	Md.	TATE
24. F	UNERAL DIRECTO					25 PAR	FRES'D BY REGISTRAR	25b. REGIST	RAR'S SIGNA	TURE	
Wr	n Č <sup>AME</sup> MAro	ch F/H	Inc. 110	1 E NO	rth Ave	enue MA	4 9 1985	w. 2/4.	المراموني بر	milarense	reb
1	'	/					V				

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR:



1 - STATE REGISTRAR

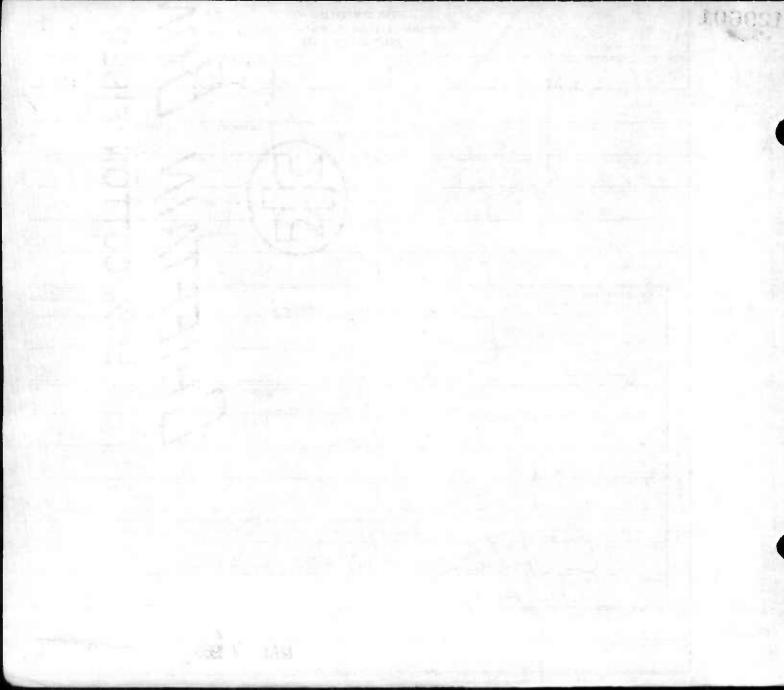
# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5	1	3	9	5	4
PEG NO					

I. DECEASED NAME FI	RST MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
N. C.	MARY LOUISE	LISE	5-4-85	1:30 AM
3. SEX	4. RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
Female	Black	11 18 18	3 66 YRS	
To. BIRTHPLACE (STATE OR FORE)		(? 8	9 BALTIMORE CITY OR COUN	
COUNTRY	USA	MARRIED NEVER MARRIED		Cit. un
IL CITY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	Baltimore	12b. KIND OF BUSINESS OR
	(IF NOT IN SUCH FACILITY, GIVE STREET	ET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING	
Baltimore	St. Agnes	Hospital		
	COUNTY 134. CITY OR TO		13e STREET ADDRESS / ZIP CO	DDE
MD	Baltim		2510 W. Pra	tt St. 21223
14 FATHER'S NAME	MICOLE LAST	15 MOTHER'S MAIDEN	NAME	LAST
Charles	Berry	Nellie		Bruce
160 WAS DECEASED EVER IN L	J.S. ARMED FORCES? 166 SOCIAL SEC		ADDRESS	51000
(185, NO OR UNKNOWN)	YES, GIVE WAR OR CLATES)	/A Elaine Le	ee 2510 W. Pra	L + C +
			se ZJIU W. Fra	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS	nter anly ane cause per line far (a), (b), c	and ic.		BETWEEN ONSET AND DEATH
IMA	MEDIATE CAUSE (a)	2 - primmy 1011	734	
	DUE TO, OR AS A CONSEO	UENCE OF		
Canditians, if any, wh		16		
gave rise to immedi		LIENCE OF		100
	ost Pinco	1 .		
PART 2 OTHER SIGNIER	CANT CONDITIONS CONTRIBUTING TO		ERMINAL DISEASE OR CONDITION (	GIVEN IN PART 1(a
190 DATE OF OPERATION 190 DATE OF OPERATION 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY	NA	Slive (I Ble	ali	
190 DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION WAS PERFORMED		YES, WERE FINDINGS USED
善 4-13 4-20	Proceeds CA	7. Abcess	40	TIFYING CAUSES OF DEATH? YES \(\bar{\partial}\) NO \(\bar{\partial}\)
210, ACCIDENT WAS UNDERLY	1111100 - 061-66		URRED (ENTER NATURE OF INJURY IN ITEM T	
OR CONTRACTOR CALLS	EOFDEATH HOUR A.M. MONTH	DAY YEAR		
(IF EITHER NOTIFY MEDICALE 21d INJURY OCCURRED	21e PŁACE OF INJURY	19 ZII LOCATION		
NOT WHILE	LAT HOME STREET, FACTORY OFFICE		CITY OR TOWN	COUNTY STATE
AT WORK				
	s haspital) attended the deceased from		, ta	, 19, that (I) (we) last
saw the deceased a	live an19_ (did nat) view the body of the drath.	and that in (my) (aur) apini	ian death accurred an the date and h	eaur and fram the causes stated
22b. SIGNATURE	1 101	DEGREE		22t. DATE SIGNED
	Ald	MD ATTENDING		
22d. PHYSICIAN'S NAME		22e ADDRESS	- Banceron Britishen	
	10 A C.			
		MO		
23a. BURIAL, CREMATION, REN		NAME OF CEMETERY OR CREMATOR	23d LOCATION CITY OR TOWN	COUNTY STATE
Burial	5/9/85 C	edar Hill Cemet		0 110
24 FUNERAL DIRECTOR		25a. C	ATT REC'D. BYREGISORER 256. REG	STRAPISIONAVIRE
NAME	nob E/U 1101 E		men boo	

DHMH - 16 60M 7/84 (VRA 15, 4)

10 FUNERAL DIRECTOR. should be detached for us with the State Dept. of He-



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1062	4	FOR	DEPA	STATE OF MARY	D MENTAL HYGII	ENE 8 5	1 3 9	5 5
3.00		REGISTRAR CEASED NAME FIRST TORPHOLIS AND THE	MIDDLE	CERTIFICATE OF		REG. NO 26 DATE OF DEATH M	ONTH DAY YEAR	2b. HOUR
deor deor		Willi		Lee	Sr.		5 23 85	61/pn
1	1	Male	1 RACE Negro	S. DATE OF BIRTH  MONTH DAY	+ YEAR 3	S. AGE (IN YEARS LAST BIRTH	MONTHS DAYS	IF UNDER 24 ARS
4 12		Maryland	76 CITIZEN OF WHAT COUNTS	MARRIED LI NEVE	R MARRIED A	BALTIMORE CITY OR	more Cit	4 1
offer of the form	10.6	Battimore City	11. NAME OF HOSPITAL, NUR (# NOT IN SUCH FACILITY, GIVE STE ULLI VEYS : THE	SING HOME OF OTHER IN	Hospital	128 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	N 12b. KIND Q WORKING LIFE) INDUSTRY	F SUSINESS OR
24 September 1	13a.		NTY 136. CITY OR TO	ORE ADMISSION		3e.STREET ADDRESS /		212
s within all and 2 should be considered by the constant of the		William	MIDDLE LAST Lee	15 MOTHE	R'S MAIDEN NAM Uline		Boone	
and con		WAS DECEASED EVER IN U.S. AI		CURITY NO. 17. INFORM		ADDRES PORTE	636 Daltor	n Drive
s that the deat ed by the atten- please remove a rial, cremption, or other froum		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSECTION OF A CONSECTION OF A CON	D Colora	Canci	LAL DISEASE OR COND	ITAON CIVEN IN PART I	
in been significant. Then so price to but	CERTIFICATION	15. 64	conditions contributing to	Failure CHOPERATION WAS PERI	FORMED	20a AUTOPSY?	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES	GS USED OF DEATH?
Clan, The physician perificote in additional perificote in additional perificote in 18 shown	100	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH		INJURY OCCURRE	YES NO URY	YES [] IN ITEM 18 PART I OR PART 2)	NO []
offer the out of the burner of	MEDICAL	21d INJURY OCCURRED  NOT WHILE ALL WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI		TION	CITY OR TOW	N COUNTY	STATE
ATTENDR Aptrel or CTOR: A fro use : of healt n 2) is me		obove, (I) (we) (did) (did no	oital) attended the deceased from 1/2-3 19 at ) view the body after death.		y) (our) opinion de	_, to	e and hour and from the	
Wat Diffe denother NT. II lier		Brad D		mD ND		MEDICAL STAFF DIRECTOR PHYSICI		SIGNED 23(85
round by with the Simple American		Brad D.	Levner.		iversity	of man	y land Ho:	spital
BP	B	BURIAL, CREMATION, REMOVAI URIAL	23b. DATE 2 5/28/85 A	R. NAME OF CEMETERY O L'EDUTUS MEM	orial P	k. Arbutu		Md. STATE
DHMH - 16 50M 4/83	24 F W1	uneral director n CameMarch F/E	Inc. 1101	North Ave	250 DATE MAY	2 8 1085	Sh. REGISTRAR'S SIGNAT	

DHMH - 16 50M 4/83 (VRA 15, 4)

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100		The state of		
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	with the other			
	The State of the S			
		ART CARL		

.O		REGISTRAR Emma L	WIDDLE	LAST	REG. NO.  20. DATE OF DEATH MO	NTH DAY YEAR 26. HOUR
	(TYPE	EMMA	1 L. C.	EICHT	05	· 02.85 3 3 mm
	3 SEX		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHD)	IF UNDER 1 YEAR IF UNDER 24 HRS
		Female	& White	Jan. 9, 1902	83	MONTHS DAYS HOURS MIN.
e ce		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR C	OUNTY OF DEATH
		il to., Md.	U. S. A.	WIDOWED DIVORCED [	Baltimor	e Citu. MD.
	10 C1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION	176 KIND OF BUSINESS OR
51		Baltimore	Mercy Hospi		Housewife	?
Sales De	13a S	TATE Md.		N 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZI	st Ave21224
	14 FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN		LAST
00		William	Welch	Emma		Simmons
ledicol		AS DECEASED EVER IN U.S. A	CIVE WAR OR DATEST	IRITY NO 17 INFORMANT Ba	ltimore, ADDRESS	Md. 21224.
		NO OR UNKNOWN) (IF YES C	217-09-	-6167 Mrs. Els	ie C. Dillmo	in-19 S. East Au
		18 CAUSE OF DEATH (Enter of	only one couse per line for (o), (b), or SED BY:	diction /		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			SED BY:  IATE CAUSE (0) Renal	tailure		
			DUE TO, OR AS A CONSEQU	ENCE OF		100.00
		Conditions, if ony, which gove rise to immediate	(b)			
	100	couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQU	ENCE OF		
5		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	PAAINAL DISEASE OF CONDIT	ION GIVEN IN PART 1(a)
y lory	Z	Anemia.	the restasion	Dialetes Mellitus	KMITAL DISEASE ON CONDIN	ON ONEN IN PART NO
-	ATIC	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED
SMC	CERTIFICATION				YES NO NO	CERTIFYING CAUSES OF DEATH?  YES NO
2 2	CER	21a. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN	ITEM IB PART I OR PART 2}
7	CAL	OR CONTRIBUTING CAUSE OF D	DEATH	19		
	MEDIC	21d. INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	2	AT WORK NOT WHILE AT WORK				
			spital) atended the deceased from.	4/20 19.8	5 10 5/2	thot [1) (we) ast
		abovy, (1) Over (did ) (did )	nut view the body ofter death.		on death occurred on the date	ond hour and from the couses stated
		22b. SIGNAHUS	0510	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
_		22d. PHYSICIAN'S	W KEL	SINGER ATTENDING PHYSICIAN  1220 ADDRESS	DIRECTOR PHYSICIAN	18 3/902
1		7	1	MERCH	H-01=11	
		KOBERT L	IBERTO	1. CERE 9	Y 123d LOCATION	
	22 "	LIDIAL CREALATIONS BELLEVILLE				
IMPORTANT		URIAL, CREMATION, REMOVA SPECIFY)  Burial	AL 23h DATE 23c.	Name of cemetery or cremator of the Lawn Cemeter	CITY OR TOWN	o Maruland State

6

STATE OF MARYLAND

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely filled in by this shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages | Yond 2 should be filed vowith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is marked ar Item 18 shows any injury, or other troumatic event, the medical

# DEP

STATE OF MARYLAND		
ARTMENT OF HEALTH AND MENTAL HYGIENE	43	3
CERTIFICATE OF DEATH	4	
		PEC.

RECISTRAR			CERTIF	CATE OF DEATH	REG. N	0.						
I DECEASED NAME FIRST (TYPE OF PRINT) HANNAH		AIDDLE		LFISURE	5 /19/85		A VEAR	26 HOUR 9,16 P				
- /				F BIRTH  16, 1923 FAR	6. AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	IF UNDER 24 HRS HOURS M.IN.				
RUSSIA	76. CITIZEN OF USA	WHAT COUNTRY?	MARRIED WIDOWE	DI NEVER MARRIED DI DIVORCED	9 BALTIMORE CITY C BALTIMO							
BALTIMORE		OSPITAL, NURSING HACKUTY GIVE STREET AN SINAI HOSI		R OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST C SEAMSTRESS	ION OF WORKING LIFE S	BUSINESS OR OW CLOTHES					
136 STATE LAND 136 CO		GIVE RESIDENCE BEFORE AI 13c. CITY OR TOWN BALT IMOI		134. INSIDE CITY LIMITS?	130 SIREET ADDRESS 7016 FIEL	6ZREST	RD.	#21215				
14 FA HER'S NAME FIRS LOUIS	MIDDLE	GOĽĎBERG	G	IS. MOTHER'S MAIDEN NA MTRIAM	WE	U	NKNOWŃ <sup>s</sup>	ī				
NO NO OR (NKNOWN) (IF YES, C	RMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECURI 185-30-28		17. INFORMANT MRS 7002 PINECRE	S. REBECCA BA		E BERKE					
18 CAUSE OF DEATH IEnter PART I. DEATH WAS CAUS	only one couse per SED BY: ATE CAUSE (a)	line for (a), (b), and (		DISSEMINATED INT CARDIOVASCULAR		AGULATIO		MATE INTERVAL ONSET AND DEATH				
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause las	DUE TO, OF	RAS A CONSEQUEN MUNO COM/ RAS A CONSEQUEN I REHOSIS	PRIMI.	SET HOST, LIVE	MONTHS - YRS?							
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
190 DATE OF OPERATION 5-9-85  210 ACCIDENT WAS UNDERLYING	ASCITI	KENAL "F	recurre	ent pleural ettoss LE	YES NO	IN CERTIFY YES	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \( \text{NO} \)					
	NER) P.	M. MONTH DAY M.	YEAR 19	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT ! OR PART 2)					
OK CONTRIBUTING CAUSE OF I	NOT WHILE (AT HOME, STREE!, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN											
saw the deceased alive above, (I) (we) (did) (did	220.1 certify that (1) (this haspital) attended the deceased from 4/2, 19 85, to 5/19, 19 85, that (1) (we) lost saw the deceased alive an 5/19, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.											
226. SIGNATURE	Bichard C forma WD ATTENDING MEDICAL STAFF 5-19-85											
22d. PHYSICIAN'S NAME (TYP	c. Lo		10	51 AL HOS	. gr isn.	-1						
230. BURIAL, CREMATION, REMOVA	MAY 21			MEM PARK	23d. LOCATION CITY OF TOWN RANDATIO	STOWN	COUNTY	STATE				

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

retained by the haspital or attending physician

24. FUNERAL DIRECTOR 6010 REISTERSTOWN RD. BALTO.

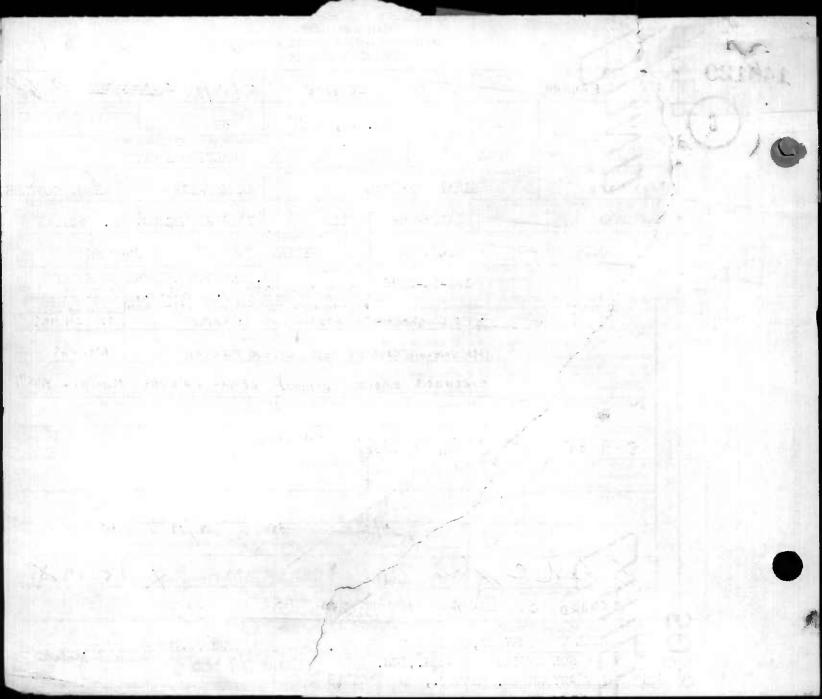
MAY 21,1985 BETH EL MEM. SOL LEVINSON & BROS., INC.

21215

PARK

RANDALLSTOWN BALTO 250. DATE RECD.

3



completely filled in by the

puo

signed by the

After this certificate has been

should be detached for use as the burial-transit permit. Then please remove corbonpopers. Pages with the State Dept of Meolth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 23 is morked or Item 18 shows ony injury, or other troumotic event, the

executed within 24 hours ofte

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospitol or ottending physician

## STATE OF MARYLAND

		FOR STATE RECHISTRAR			DEPART	MENT OF H	EALTH AND MENT		0 0	REG NO	1	3	7	j	j
ļ	TYPE	. 1	FIRST				LEISURE		DATE OF DE	ATH M	ONTH	DAY	YEAR	26 HQU	16 E
J	3 SEX	FEMALE WHITE				5 DATE OF BIRTH FEB. 16, 1923			62 <sub>YRS</sub> <sup>~~</sup>				UNDER YEAR IF UNDER 24 HR		
4	70. BIRTHPLACE (STATE OR FOREIGN RUSSIA			USA  w			D NEVER MARK	BALTIMORE CITY  BALTIMORE CITY				MD_			
	8,	ALTIMORE		11. NAME OF HOSPITAL, NURSING HOME OF STANDAL HOSPITAL STANDAL HOSPITAL OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION.			ROTHER INSTITUTION 120 USUAL OCCUP								
	130	ARYLAND	13b COUNTY		BALT IN		AEALLY NO		13 STREET ADD	RESS /	CREST	RD	. #	212	15
1		HERS NAME GOLD						RIAM							
	NO NO OR (NIKNOWN) (IF YES GIVE WAR OR DATE				185-30-2875 7002 PINECRI				S. REBECCA LEISURE BERKELEY EST RD. BALTO. MD 21228						
		Canditions, if any, which gove rise to immediate couse o stating the					MISEN HOST, LIVER FAILURE					1	MONTHS		
	ATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a  190 DATE OF OPERATION  ASCITES CAUSIAN PROJECT PROJE													
_	AL CERTIFICATION	5 - 9 - 8  210 ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDI	DERLYING CAUSE OF DEATH	216 TIALE O	FINJURY M. MONTH E	FAILU	216 HOW INJURY		YES NO		YE	s 🗌		NO [	
MEDICAL	MEDIC	A HILE NOT WHILE AT WORK		RET FACTOR: OFFICE	FARM E'	211 LOCATION	00	14.0	- /10			COUNTY TATE			
		sow the deceased alive an Signature    19								oted					
		22d PHYSICIAN'S N			RIA	MO	SIA4	HOSP	. 07	BAL	r				

BP\_

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR.

230 BURIAL CREMATION REMOVAL BURIAL

236 DATE MAY 21,1985 BETH EL MEM. PARK

21215

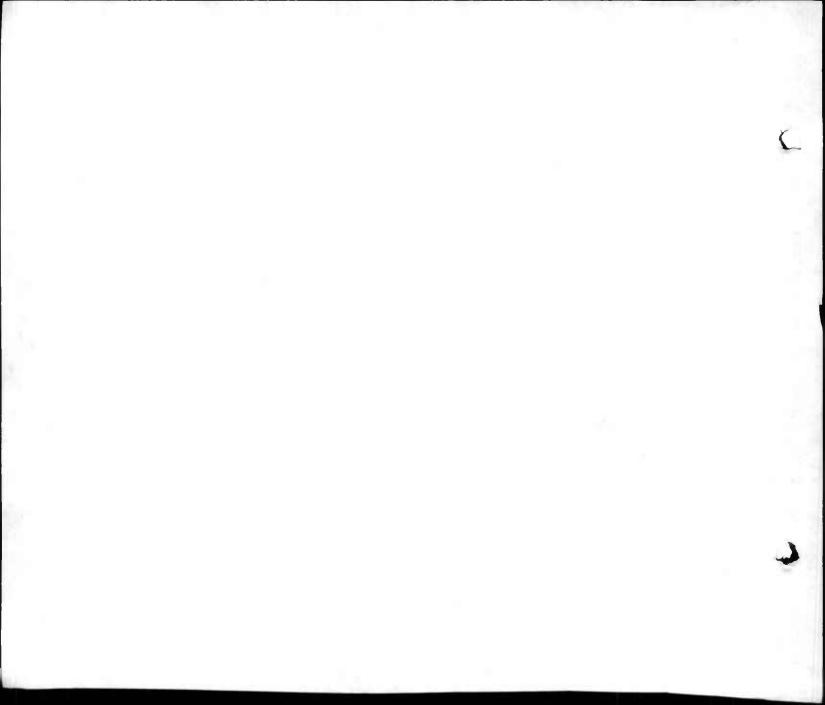
238 LOCATION CITY OF TOWN

RANDALLSTOWN BALTO

STATE

74 FUNERAL DIPECTOR SOL LEVINSON & BROS., INC.

MAY 2 7 1985



STA	TE OF M.	ARYLAND	)	
ENT OF	HEALTH	AND MEN	ITAL	HYGIEN
CEDTI	ELC ATE	OF DEA	TH	

5 8 3 NE 3 DEPARTM

42024	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 3 S	3 7 5 8
of door be		CEASED NAME FIRST OF PRINT MUDULATION LL	OV d W.	S. DATE OF BIRTH	26. DATE OF DEATH MONTH  5/10/85  6. AGE (INFRANSIA) BIRTHDAY)	DAY YEAR 26 HOUR  IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.
ter death. Page 4 he funeral director within 72 hours of		RTHPLACE (STATE OR FOREIGN COUNTRY)  A  TY OR TOWN OF DEATH	7b. CITIZEN OF WHAT COUNTRY?  USA	B. MARRIED   NEVER MARRIED   MIDOWED   DIVORCED   DIVORCED   US HOME OR OTHER INSTITUTION	9 BALTIMORE CITY OR COUNT	
in by the filed	Busu	eltimore MD.	(IF NOT IN SUCH FACILITY, GIVE STREET  SINA HOSPITAL  ROTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADDRESS)  ADDRESSIONI  N 13d. INSIDE CITY LIMITS?	(TYPE OF WORK FOR MOST OF WORKING	INDUSTRY OF ARMA
e executed within 24 h		THER'S NAME FRANK VAS DECEASED EVER IN U.S. AF	MIDDLE LAST RMED FORCES? 1166 SOCIAL SECU	IS MOTHER'S MAIDEN N. BLANC	AME MIDDLE ADDRESS	PRESTON
hysicior popers. ovol.		(IF YES, GT IB. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	ve war OR DATES) 218 07	9927 FAM	LY RECORDS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
if the death ce y the attending e remove carb cremation, or r ther traumotic		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	otension	,	2 hours
been signermit. Then prior to bur ony injury,	CERTIFICATION	PART 2. OTHER SIGNIFICANT  LUNG IN REC  190. DATE OF OPERATION  4 2 0	tions . Acute 1	DEATH BUT NOT RELATED TO THE TER REMAL FAILURE OPERATION WAS PERFORMED ACTIC ANALYSIM	20a AUTOPSY? 20b, IF Y	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
HYSICIAN: 1 ading physic his certificate buriol-trans I Mentol Hyg or Item 18 sh	MEDICAL CERT	21g. ACIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	ATH HOUR A.M. MONTH D	211. HOW INJURY OCCU		
ATTENDING P ospital or atter ECTOR. After the dor use as the the of Health one m 21 is marked	<	sow the deceased alive or	of view this lock after death	My 19 83 55, and that in (my) (pur) apinion DEGREE	n deoth occurred on the date and h	, 19 that (I) (we) lost our and from the couses stated
TO HOSPITAL OR A Peroined by the hos should be detoched with the Stote Dept.		726 PHYSIN ADVS NAME OF	- phinter		MEDICAL STAFF DIRECTOR PHYSICIAN	5/10/85 Baltiman
BP	1	SURIAL, CREMATION, REMOVAL (SPECHY) UNERAL DIRECTOR		NAME OF CEMETERY OR CREMATORY  ALTIMORE CS M.  250. DA	BALT, MORE	COUNTY MARY STATE
OHMH - 16 50M 4/83 (VRA 15, 4)	2	VANS CHAPIL	OF MEMORISS	HARFORD ROAD MA	1 1 6 1985 Aller St	widson-Randall

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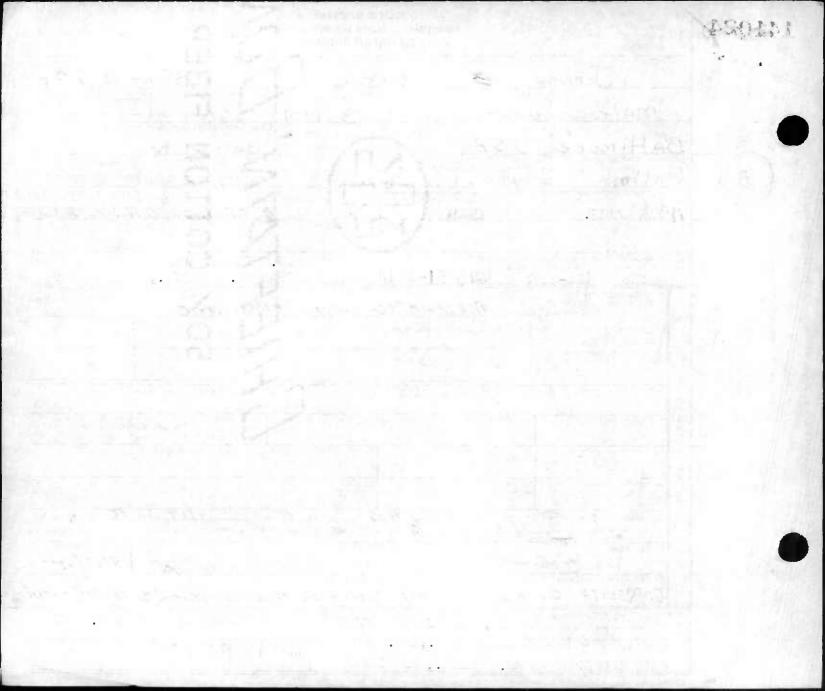
DIVISION OF VITAL RECORDS

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR

6010 REISTERSTOWN RD.



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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG NO					

1	FOR - STATE REGISIRAR		DEPARTM		EALTH AND	MENTAL HYG DEATH	0 2	, NO.	3	9 6	5	Ü
111	ASED NAME FIRST	,	MIDDLE	- E	AST		20. DATE OF DEATH		DAY YEA	R 2b.	HOUR	}
1"	VIOL	T		1	EWIN	د		5	10 8	5	6	o PM
1.5	SEX	4 RACE	THE REAL PROPERTY.	5. DATE C			6 AGE (IN YEARS LAS	BIRTHOAY)	MONTHS D		UNDER 2	MIN.
	F	W		MONTH	DAY	YEAR	77	YRS		AVS HO	JUKS	MIN.
7a.	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER	MARRIED -	9 BALTIMORE CIT		ITY OF DEATI	4		
1	GERMANY	US		WIDOWE		NORCED	BAL	. 5	174	3-1		MD.
10.	Baltimore	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET AND HOSPITAL	DDRESS)		TITUTION 2/2/5 CLT, mor	120 USUAL OCCUP (TYPE OF WORK FOR MO	ST OF WORKING	SUFEL INDUST	TRY		
Dia.	UAL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN LANDAUS	1			13e STREET ADDRES			20/	211.	33
V	SIEGFRED	MIDDLE	LEVY			S MAIDEN NAM	WE	Ė	41	LAST VKN	owi	2
169	(YES, NO OR UNKNOWN) (IF YES, GIT	MED FORCES?	166. SOCIAL SECUR		17. INFORM		3415 L	dress Ynne	,		21	207
	Conditions, if ony, which gove rise to immediate cause (a), stafting the underlying cause last.	(b) DUE TO, O	R AS A CONSEQUEN	NCE OF			yver me		CINES IN LOAD	N 1		
2	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ON IKIBUTING TO D	EAIN BUI	NOI RELAIE	D TO THE TERM	INAL DISEASE OR C	NOITION	SIVEN IN PAR	1 110		
CEPTIEICATION	19a DATE OF OPERATION	196. COND	ITION FOR WHICH (	OPERATIO	N WAS PERF	DRMED	200 AUTOPSY?	IN CER	YES, WERE FII RTIFYING CAU YES	JSES OF		H?
		HOUR A.		Y YEAR	21c. HOW I	NJURY OCCURE	RED (ENTER NATURE OF	NJURY IN ITEM I	18 PART I ORPAR	T 2)		
A COLUMN	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE FA	RM, ETC }	211 LOCAT	ION	CITY O	R TOWN	COUNT	Y	\$1.	TATE
	220-1 certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did no	Ma	410 19	Mar.		, 19 <u>\$ 3</u> ) (our) opinion	deoth occurred an th	e date and h		the cou		
	226 SIGNATURE TO	rat	М	5	DEGREE	ATTENDING PHYSICIAN	MEDICAL S	STAFF	. 6	OATE SIG		-
	VICE 1	RAA	3		22e ADDRE		tosp of 1	BALTI	MORE			
23	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	236. DATE 5/1	- 1 4/	_	FILOF	CREMATORY	23d LOCATION CITY OF TOW		COUNTY	-	Mi	TATE D

DHMH - 16 50M 4/83

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo retained by the hospital or attending physician

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the buriol-tronsit permit. Then please remove temper approach to be detached for use as the buriol-tronsit permit. Then Store Dept. of Health and Mental Hygiene prior to buriol, cremation, as removed to them 21 is marked or trem 18 \$Bows ony injury, or other fraumetic event.

Hebrew Memorial F.H. Inc 1100 Reisterstown Rd

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE to Davidson Randes

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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	1 -	STATE REGISTRAR		CERTIF	ICATE OF DI	EATH	REG. NO	D.			,
		CEASED NAME FIRST BE	MIDDLE	LE	wis		2a DATE OF DEATH	5 17	SS YEAR	26 HOUR	0,
	3. SEX	EMALE	1. RACE Black	5 DATE O		YEAR OG	6 AGE (IN YEARS LAST BIR	YRS.		IF UNDER 24 HOURS	HRS MIN.
3		OUNTRY)	LS A	MARRIE WIDOWE	D NEVER M	ARRIED	BALTIMORE CITY O	RCOUNTY OF	DEATH	ty	MD.
9	B	TY OR TOWN OF DEATH ALTIMORE CITY	11. NAME OF HOSPITAL, NURS		TAC BAL	TIMOR	170 USUAL OCCUPATE TYPE OF WORK FOR MOST O		17b. KIND OF INDUSTRY	BUSINESS	OR
	13a. S	TATE MO	01101011		- Control of the Cont	NON		ZIP CODE	83.	215	207
C	14. FA	Jack	MIDDLE		15: MOTHER'S	IR51	WIDDIE		wley		
)	16a W	VAS DECEASED EVER IN U.S. AR (IF YES, GT	RMED FORCES? 166 SOCIAL SE 213-07-		Cather		Cooper 750		on Rd	•	
	No	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEGUENT OF THE CONDITIONS CONTRIBUTING TO	UENCE OF		CVS TO THE TERM	A KRSF INAL DISEASE OR CON	<b>)</b> DITION GIVEN	IN PART 1 o		
/	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?	20b IF YES, W IN CERTIFYIN YES	G CAUSES		,
,	MEDICAL CERT	saw the deceased alive at	ATH P.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFIC	19 E FARM ETC I	211 LOCATIO STREET	N . 19.85	CITY OR TO	VN 19_ 19 on the ond hour on	COUNTY		lost
		SHER AF2A	APRINI)  HASHMI	i'		HYSICIAN [	DIRECTOR PHYSIC HOSPITAL		75 A	TENC	e
	# 73n D	HIDIAL CREAKATION DEALOWAI	1 225 DATE 22	I NAME OF	EARETEDY OD C	DEALATODY	EZ OF TERM A LICON				

Arbutus Mem. Pk.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the fureral dis should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be 1 and — ithin 77 has with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remaval. IMPORTANT: If Hem 21 is

Burial

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERALDIRECTOR
Wm. C. March F/H 1101 E. North Ave.

5/23/85

Baltimore

Co.

MD

STATE

PEGISTRAP'S SIGNATURE

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death certificate be executed within 24 hours after death. Page 4 m Se attending physician and completely filled in by the funeral director, page 3 ove carbonpapers. Pages I and 2 should be filed within 72 hours offer path ation, or removal.

injury, ar ather traumatic event, th

urial-transit permit. Then please remave

## STATE OF MARYLAND DED A DEMENT OF BEALTH AND MENTAL DVCIENE

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1 - STATE REGISTRAR	DEPARIM	CERTIFICATE OF DEATH	REG. NO.	1 3 7 0 2
I. DECEASED NAME (TYPE OR PRINT) FIRST MABE		LEWIS	20. DATE OF DEATH MONTH 5/29/85	DAY YEAR 26 HOUR
3. SEX (4. RA	CE N	S. DATE OF BIRTH  MONTH DAY  YEAR  7	6. AGE [IN YEARS LAST BIRTHDAY]	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
COUNTRY)	J.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COU	NTY OF DEATH TT'V MD.
BALTI MORE	NAME OF HOSPITAL, NURSING	GHOME OR OTHER INSTITUTION (DDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12h. KIND OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME OR OTHER 130. STATE  Maryland  14. FATHER'S NAME  FIRST  MODULE  MODU	Ho Baltim	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO 3113 Thornf	ield Road 21207
Arkley  160. WAS DECEASED EVER IN U.S. ARMED I  (YES NO OR UNKNOWN)  YES  (IF YES, GIVE WAR	OR DATES)		ADDRESS is 3113 Tho	rnfield Road
Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT COND	DUE TO, OR AS A CONSEQUE (b) GOORLY D DUE TO, OR AS A CONSEQUE (c) OITHORS CONTRIBUTING TO D	Herentales	lymphacytic  NAL DISEASE OR CONDITION	GIVEN IN PART I TO
190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING   210	96 CONDITION FOR WHICH (	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER)  21d. INJURY OCCURRED  2	the body offer death.	19 21F LOCATION	CITY OR TOWN  to  eoth occurred on the dote ond  MEDICAL STAFF DIRECTOR PHYSICIAN	COUNTY STATE
230 BURIAL CREMATION REMOVAL 231		IAME OF CEMETERY OF CREMATORY Stview Mem. Pk.	23d. LOCATION CITYORTOWN	COUNTY STATE
24 FUNERAL DIRECTOR Wm C MArch F/H I	ADDRESS	25MAY	RESTORED STREET 256. REC	e. Md.

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: After this certificate hos been

OR ATTENDING

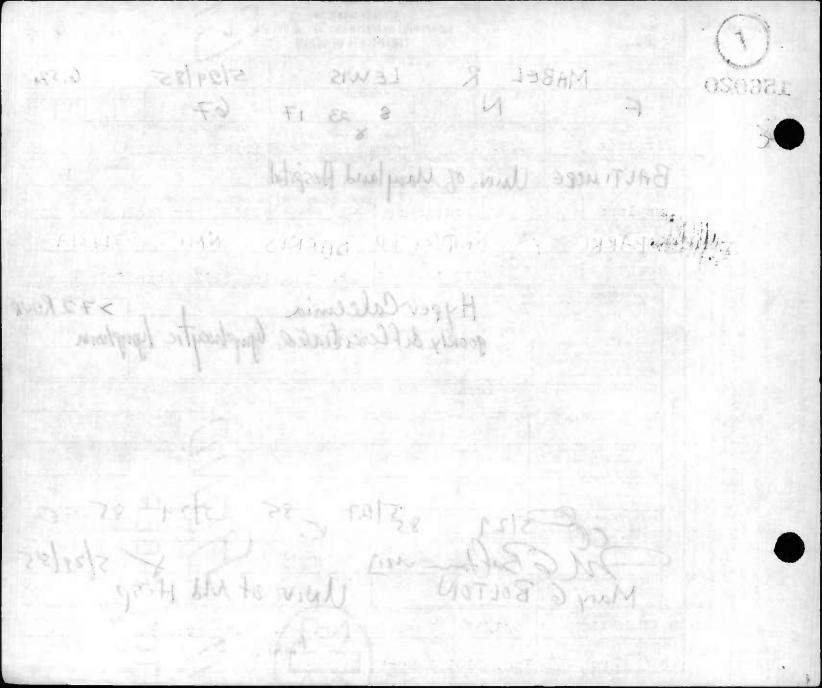
TO HOSPITAL

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IMPORTANT: If them 21 is marked or Item 18 shows any

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(VRA 15, 4)



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	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs after death. Page 4 may be etained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages should be detached for use as the burial-transit permit. Then please remove carbon pages, and a sould be filed within \$2 hours after down the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 21 is marked or Item 18 stantant injury, or other troumotic event, the medical experience of	1
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

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EXAMPLE STATE STAT	REGISTRAR			CERTII	ICAIL OF	LAIN	REG. NO.				
EXAMEDIS   S. DATE CO BRITE   S.		1	MIDDLE	l.	AST		20. DATE OF DEATH	ONTH OF		26 HOUR	20
FEMALE   WHITE   O6   1.5   1.3   1.0   1.5		RINE	K.		LINK	b	5	20	185	140	M
BENTHALE  WHITE  06  15  13  71  72  78  BENTHALE  MARRED  15  MARRED  DWORKED  BALTIMORE  ST. AGNES HOSPITAL  U.S.A.  WOOD BALTIMORE  ST. AGNES HOSPITAL  U.S. AND BEND HE OF COMPANDERS O	3-, SEX	4 RACE					6. AGE (IN YEARS LAST BIRTH				
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MARYLAND  U.S.A. WIDDORED DORRED DEATH  IN AME OF FOSPITAL NUSSING HOME OF ROTHER INSTITUTION  BALTIMORE  ST. AGNES HOSPITAL  ST. AGNES HOSPITAL  U.S. ST. AGNES HOSPITAL  U.S. ST. AGNES HOSPITAL  U.S. CANCES HOSPITAL  U.	70 BIRTHPLACE ISLATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AA A B D IE	NEVER	MARRIED T	9 BALTIMORE CITY OR	COUNTY	OF DEATH		
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MARYLAND  BALTIMORE  HALETHORPE  VES NOR 1707 ARBUTUS AVENUE, 21227  **ATHER'S NAME GEORGE  GEORGE  KESSLER  MODIE  KESSLER  MODIE  KESSLER  MODRAN  LIST MODELLAND  MAS DECEASED EVER IN U.S. ARMED FORCES? INS NOOBULMOWN)  IF 15. GATE WAR OF DATES  NO  13. MOTHER'S MAIDEN NAME  LIST MODELLAND  MODELLAND  MODELLAND  MAS DECEASED EVER IN U.S. ARMED FORCES? INS SOCIAL SECURITY NO.  13. MOTHER'S MAIDEN NAME  LIST MODELLAND  MODELL					1124 INISIDE	CZTIAALI VTI	122 STREET ADDRESS / 3	ZIR CODE		148	
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GEORGE  KESSLER  DORÁ  E. BRANDAU  MAS DECEASED EVER IN U.S. ARMED FORCESS?  IND  220-07-1920  GEORGE E. LINK 1707 ARBUTUS AVENUE, 21227  18 CAUSE OF DEATH Enter only one couse per line for ion, (b), and ic.  PARTI. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE OF .  Conditions, if any, which gove rise to immediate couse lost.  DUE TO, OR AS A CONSEQUENCE OF couse rise to immediate couse lost.  DUE TO, OR AS A CONSEQUENCE OF couse rise to immediate couse for storing the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF couse rise to immediate couse rise, storing the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF couse rise to immediate couse rise to immediate couse rise. Storing the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF couse rise to immediate couse rise to immediate couse rise to immediate couse rise. Storing the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF couse rise to immediate rise rise rise rise rise rise rise ris	FATHER'S NAME	DDIE	LAST		15. MOTHER						
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ROUSE OF DEATH : Enter only one cause per line for Ira. (b), and Ira.  PART I. DEATH WAS CAUSE DBY.  IMMEDIATE CAUSE (a) (APDIO PULMONARY ALREST STUMENOS USED DEATH Conditions, if only, which gave rise to immediate cause lost of the control of th			166 SOCIAL SECU	RITY NO.	17 INFORMA	MT	ADDRESS	5			
B CAUSE OF DEATH   Enter only one couse per line for (a), (b), and (c)   PART   DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)		IVE WAR OR DATES)	220-07-1	L920	GEORGE	E. LIN	VK 1707 ARBU	JTUS A	AVENUE	. 212	27
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BREAST  CANCER  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  210 AUTOPSY?  210 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO CONCRIBUTING CAUSE OF DEATH?  210 CAUSE OF DEATH  (# EITHER NOTIFY MEDICAL EXAMINER)  210 PLACE OF INJURY  (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  211 LOCATION  STREET  212 COUNTY  STATE  AT WORK  213 COUNTY  STATE  ATTENDING  ADDITION  DEGREE  ATTENDING  MEDICAL STAFF  PHYSICIAN'S NAME (TYPE OR PRINT)  213 CONDITIONS USED  IN CERTIFYING CAUSES OF DEATH?  YES NO CERTIFYING CAUSES  YES NO CERTIFYING CAUSES  YES NO CERTIFYING CAUSES  YES NO CERTIFY IN CAUSES  Y		(c) 1	4 4 O CA	RDI	96	INF,	ARCTION		16	reele	
216 NOT WHILE		CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CONDI	TION GIVE	N IN PART 1	o	
216 NOT WHILE	BREAST	CA	NCER								
YES   NO     YES   NO	BREAST 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20m AUTOPSY?	10b. IF YES,	WERE FINDING CAUSES	NGS USED	H?
OR CONTRIBUTING CAUSE OF DEATH  (IF ETHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  21e PLACE OF INJURY 21d. INJURY OCCURRED  21e PLACE OF INJURY 21d. INJURY COUNTY  21d. INJURY OCCURRED  21e PLACE OF INJURY 21d. INJURY 21d. INDURY 21d. INJURY 21d. INJ	# L										
19   21d INJURY OCCURRED   21e PLACE OF INJURY   21t LOCATION   STREET   CITY OF TOWN   COUNTY   STATE	00.000.000.000.00	- HOUR A		Y YEAR	21c. HOW IN	JURY OCCURE	RED (ENTER NATURE OF INJURY	N ITEM 18 PAR	RT 1 OR PART 2)		
WHILE AT WORK   NOT WHILE AT WORK   (IT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  120.1 certify that (I) (this haspital) attended the deceased from 5 17, 19 5, to 5 29, 19 5, that (II) (we) last sow the deceased olive on 5 29, 19 5, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did nat) view the Body after death.  1276. SIGNATURE  1276. DEGREE  1276. DATE SIGNED  1276. DATE SIGNED  1276. PHYSICIAN'S NAME (TYPE OR PRINT)  1276. PHYSICIAN'S NAME (TYPE OR PRINT)  1276. ADDRESS  1276. NAME (TYPE OR PRINT)  1276. DATE SIGNED  1276. ADDRESS  1276. NAME (TYPE OR PRINT)  1276. NAME OF CEMETERY OR CREMATORY (236 LOCATION)	S (IF EITHER NOTIFY MEDICAL EXAMIN	CAIR									
270. I certify that (I) (this hospital) attended the deceased from 5 17 1955 to 5 29 19 5. that (I) (we) lost sow the deceased alive on above. (I) (we) (did) (did not) view the body after death.  272b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DI	4 (IF EITHER NOTIFY MEDICAL EXAMIN			A PAA ETC 1			CITY OF TOWN	1	COUNTY	Sti	ATE
sow the deceosed olive on 5/29 19 5, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.  27b. SIGNATURE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF PHYSICIAN DIRECTOR DIRE	WHILE NO! WHILE	TAL FIGURE STA	ice, racion, office, ra	ann, cici							
above, (I) (we) (did) (did not) view the body offer death.    276. SIGNATURE   DEGREE   ATTENDING   MEDICAL   STAFF   STAFF   PHYSICIAN   DIRECTOR   PHYSICIAN	220.1 certify that (1) (this has	pital) attended the	e deceased from	5/1	7	1985	to_ 5 / 2-9		9 85	that (I) (w	e) lost
278. SIGNATURE  1. Mociulis'  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OR PRINT)  1. MACIULIS  BURIAL, EREMATION, REMOVAL [236. DATE]  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN'S TAFF PHYSICIAN'S MEDICAL STAFF PH			ofter death.	5 , 01	nd that in (my)	(aur) opinion (	death occurred of the date	and hour	and from the	couses stat	ted
PHYSICIAN DIRECTOR DIRECTO		7 0							22c DATE	SIGNED	,
M. MACIULIS  St. Agres Hospital  BURIAL, EREMATION, REMOVAL 1236, DATE 1236, NAME OF CEMETERY OR CREMATORY 1236 LOCATION	M. Me	reules	,					NEX	51	29/	85
	224 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRES	is a	10	1	/		
	M. MAC	-10415			Sti	you	25 Hospit	al			
	230 BURIAL, ÉREMATION, REMOVA	L 23b. DATE	23c. N	IAME OF C	EMETERY OR	CREMATORY	23d LOCATION		COUNTY		ATF

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

FOR STATE

BURIAL 05-31-85 MEADOWRIDGE MEM. PK.

ELKRIDGE

HOWARD MARYLAND

21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

Contraction of the second

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	FOR
_	STATE
	REGISTRAR

142147

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF BEATH

14	State .
	Sales .

ı		REGISTRAR		CERTI	ICATE OF DEATH	REG'. N	IO.		
Ì		EASED NAME FIRST	WIODIE	L	AST	2a. DATE OF DEATH	MONTH DA	AY YEAR	2b HOUR
ŀ	(1112		E. LINK			MAV 1	9 199	Ω 5	м
Ì	3. SEX		4. RACE	5. DATE C		6 AGE (IN YEARS LAST BE	RTHDAY)	FUNDER I YEAR	
I	N.	IALE	WHITE	MONTH OC!		6.1	YRS.	ONTHS DAYS	HOURS MIN.
ł	To. BIR	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8		9 BALTIMORE CITY		OF DEATH	
١		OUNTRY) IARYTIAND	USA	WIDOWE	D NEVER MARRIEDXXX	BALTIMO	RE CI	ΓY	MD.
4		IY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN			12a USUAL OCCUPAT	ION	12b. KIND C	OF BUSINESS OR
J		AT MINORD	(IF NOT IN SUCH FACILITY, GIVE STREET			(TYPE OF WORK FOR MOST	OF WORKING LIFE)		
1		L RESIDENCE (IF NURSING HOME OR	ST. AGNES HO		TAL CPER	AUDITOR		I RR	
1	13a S	TATE 131 COUN	NTY 13c CITY OR TOW	N	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS			
4			TIMORE ARBUTU	S	YES NO V	5534 LI	NK-AVI	ENUE_	21227
4	1		MIDOLE LAST		FIRST	WE		LAS	ST.
4	-	HRISTIAN LIN			FLORENCE				
ı		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	IRITY NO.	17_INFORMANT	ADDR	ESS		
1	1	0	216-20	-1724	MRS. EDWA	RD FONTZ	5534 I	TNK 7	AVENUE.
İ		18 CAUSE OF DEATH (Enter on	nly one cause per line for (a), (b), on	d ICI.I				- A- L- T- L	MATE INTERVAL ONSET AND DEATH
ı		PART I. DEATH WAS CAUSE	TE CAUSE (a)	wid	liac d	rest		22000	
ı		IMMEDIA							
ı		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	ENCE OF					
ı		gave rise to immediate cause (a), stating the	(b)						
ı		underlying cause last	DUE TO, OR AS A CONSEQUE	ENCE OF					
I		PART 2 OTHER SIGNIFICANT (	ONDITIONS CONTRIBUTING TO D	DEATH BUT	NOT PELATED TO THE TERM	AIN AL DISEASE OR CON	IDITION GIVE	N IN PART 1	0
ł	20	Freek	lech sem	0.	THE THE	MITTE DISEASE ON CO.	101110110112	TA WATER CO.	u .
1	CERTIFICATION	19a DATE OF OPERATION	IN CONDITION FOR WHICH			20a AUTOPSY?		WERE FINDIN	
9	E					YES NOT	YES	ING CAUSES	NO [
1	ER	210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUR		JRY IN ITEM 18 PAR	RT 1 OR PART 2)	
1		OR CONTRIBUTING CAUSE OF OF		AY YEAR					
ı	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	14	211 LOCATION				
ł	M	WHILE NOT WHILE	(AT HOME STREET, FACTORY OFFICE F	ARM ETC )	STREET	CITY OR TO	NWC	COUNTY	STATE
ı		AT WORK AT WORK	1 1 1 1 1 1 1 1 1	19.40 %	1119 82	Mas	110	.85	A . C. (C. (C. (C. (C. (C. (C. (C. (C. (C
ı		saw the deceased alive on	utal) ottended the deceased from	21	nd that in (my) (som opinion	death assured as the	ata and have		that (I) <del>(me</del> ) last
		obove, (I) (www (alid) (did no	ot) view the body ofter death.				die did noor		
		226 SIGNATURE	4/17	£	DEGREE	MEDICAL STA	FF	22c DATE	
		aBradu	y Darguere	out 1	PHYSICIAN [	DIRECTOR   PHYSI		19	MAY 85
1		22d PHYSICIAN'S NAME (TYPE O	OR PRINT)	,	22e ADDRESS				
		DR. A.B. D	AUGHARTHY_M_D		1264 FRAN	NCIS AVEN	JE 21	1227	
	23a. B	URIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			

LOUDON PARK

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: should be detached for us with the State Dept. of He

MPORTANT

24 FUNERAL DIRECTOR

BURTAL

INC. 1328 SULPHUR SPRING RD.

5/22/85

23d. LOCATION
CITY OR TOWN
BALTIMORE CITY MARYLAND

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	th. Page	7 600	1	70
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0	urs off	by th	314	
ND Z	24 ho	filled in	RE	13
MAKTLA	ed within	npletely ond 2 sh	xamine	14
MOKE, 1	e execute	Poges Y	medical	3. 10 13 14
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and campletely filled in by the furnal diseasor page 3 CT should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages If and 2 should be filed within 72 factor death with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.	IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the medical examiner must be notified in the medical examiner must be not the must be not the must be not the medical examiner must be not the must	Indiana Contract of Contract

1	_ FOR	RITA FLIZABETH LIPPY  RITA FLIZABETH LIPPY  4. RACE  S. DATE OF BIRTH  MONTH DAY  1. 31  ACE (STATE OR FOREIGN TO CHIZEN OF WHAT COUNTRY? TO MONTH DAY  M. UNION STORY OF THE RINSTITUTION OF RESIDENCE BEFORE ADMISSION THE RINSTITUTION OF RESIDENCE BEFORE ADMISS		IENE & 5	1	3 9	6 5		
1	- STATE REGISTRAR					REG. NO.  26. DATE OF DEATH MONTH DAY YEAR 28. HOUR  5 9 85   22:25 PM  6. AGE (IN YEARS LAST BIRTHDAY)   IF UNDER I YEAR IF UNDER 72 HBS.  6. AGE (IN YEARS LAST BIRTHDAY)   IF UNDER I YEAR IF UNDER 72 HBS.  6. AGE (IN YEARS LAST BIRTHDAY)   IF UNDER I YEAR IF UNDER 72 HBS.  6. AGE (IN YEARS LAST BIRTHDAY)   IF UNDER I YEAR IF UNDER 72 HBS.  6. AGE (IN YEARS LAST BIRTHDAY)   IF UNDER I YEAR IF UNDER 72 HBS.  6. AGE (IN YEARS LAST BIRTHDAY)   IF UNDER I YEAR IF UNDER 72 HBS.  6. AGE (IN YEARS LAST BIRTHDAY)   IF UNDER I YEAR IF UNDER 72 HBS.  6. AGE (IN YEARS LAST BIRTHDAY)   IF UNDER I YEAR IF UNDER 72 HBS.  6. AGE (IN YEARS LAST BIRTHDAY)   IF UNDER I YEAR IF UNDER 72 HBS.  6. AGE (IN YEARS LAST BIRTHDAY)   IF UNDER I YEAR INDUSTRY HIM.  6. AGE (IN YEARS LAST BIRTHDAY)   IS UNDER I YEAR INDUSTRY HOURS IN MIN.  6. AGE (IN YEARS LAST BIRTHDAY)   IS UNDER I YEAR INDUSTRY HOURS IN MIN.  6. AGE (IN YEARS LAST BIRTHDAY)   IS UNDER INDUSTRY HOURS IN PART I IO.  7. AGE (IN YEARS LAST BIRTHDAY)   IS UNDER INDUSTRY HOURS IN PART I IO.  7. AGE (IN YEARS LAST BIRTHDAY)   IS UNDER INDUSTRY HOURS IN PART I IO.  7. AGE (IN YEARS LAST BIRTHDAY)   IS UNDER INDUSTRY HOURS IN PART I IO.  7. AGE (IN YEARS LAST BIRTHDAY)   IS UNDER INDUSTRY HOURS IN PART I IO.  7. AGE (IN YEARS LAST BIRTHDAY)   IS UNDER INDUSTRY HOURS IN PART I IO.  7. AGE (IN YEARS LAST BIRTHDAY)   IS UNDER INDUSTRY HOURS IN PART I IOR PART I)  7. AGE (IN YEARS LAST BIRTHDAY)   IN YEAR INDUSTRY HOURS IN PART I IOR PART I)  7. AGE (IN YEARS)   IN YEAR IN THE PART I IOR PART I)  7. AGE (IN YEARS)   IN YEAR IN THE PART I IOR PART I)  7. AGE (IN YEARS)   IN YEAR IN THE PART I IOR PART I)  7. AGE (IN YEARS)   IN YEAR IN THE PART I IOR PART I)  7. AGE (IN YEARS)   IN YEAR IN THE PART I IOR PART I)  7. AGE (IN YEARS)   IN YEAR IN THE PART I IOR PART I)  7. AGE (IN YEARS)   IN YEAR IN THE PART I IOR PART I)  7. AGE (IN YEARS)   IN YEAR IN THE PART I IOR PART I)  7. AGE (IN YEARS)   IN YEAR IN THE PART I IOR PART I)  7. AGE (IN YEARS)   IN YEAR IN THE PART I IOR PART I)			
ł		A	AIDDLE		LAST			YE AR	2b. HOUR
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ł	3. SEX		ADELIA			6. AGE (IN YEARS LAST BI		INDER 1 YEAR	-3
		T70		MONT		60		THS DAYS	HOURS MIN.
1	70. BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8				DEATH	
	COUNTRY)			100					
4	10. CITY OR TOWN OF DEATH	III. NAME OF I	OSPITAL NURSIN					17h KIND OI	
2	Section 1997	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS]			OF WORKING LIFE)	INDUSTRY	
	BALTIMORE  USUAL RESIDENCE (IE NURSING HOME				ITAL	Homemaker		Home	
	130 STATE		13c. CITY OR TOW	N	13d INSIDE CITY LIMITS?			A	21211
d	Md.		Baltimo	re	YES NO 15. MOTHER'S MAIDEN NAM		vista	Ave.,	21211
	FIRST	MIDDLE			FIRST		V/	LAST	
1	William	A BANED EODOES 3		DITY NO	Catherine	ADDR		gring	
ı								1 - D	1 0100/
ı	no		220-01-5	104_	William G. Li	ppy Jr. 83.	sz ragea	ате к	a. ZIZ34
1	18 CAUSE OF DEATH (Enter	only one couse per	line for (a), (b), one	dieu /	1. 1. d.	in Con	0.0	BETWEEN	INSET AND DEATH
1			arcal	7-0	ruce u	a wil	50		
1		DUE TO, OI	Adedologus	and BR	they am	de rust	ral	11	1. /
	Conditions, if ony, which	(6)	reggi	BB	Tall ay	Wide to	ugerze	. ( )	usur
	couse (a), stating the	DUE TO, OI	A A CONSECTUE	NEBOF	rear !		0.00	0	
	underlying couse lost.	( (c)	Muen	uc	a ray arre	is too, a	avaue	col	
		T CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT REATED TO THE TERM	INAL DISEASE OR COM	IDITION GIVEN	IN PART 110	, ,
	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING								
1	5 190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CERTIFYIN	ERE FINDIN	OF DEATH?
	RIIE			10		A			NO 🗌
7		LICUD A		AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJ	JRY IN ITEM IS PART	1 OR PART 2}	
	S (IF EITHER NOTIFY MEDICAL EXAMI	NER) P.		19					
	21d. INJURY OCCURRED	21e. PLACE	OF INJURY	ARM ETC )	21f. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
				- 2/ /	0.4	- 0-10	2	Oca.	
		( / / / /	deceased from_	7/2	19 3 1		19.		
	sow the deceased alive above, (1) (We) (did) (did	on the body	ofter death.		nd that in (my) (aar) opinion o	death occurred on the o	late and hour or	nd from the	couses stated
	176 SIGNATURE	1	0					The DATE	SIGNED
	Moun	Miller	/		ATTENDING PHYSICIAN	DIRECTOR PHYSI	CIAN	5/	9/ 1
	THE PHOSICIAN'S NAME (TY	E OR PRINT	1			1- 1	20 6	2.60	ned
	1.14. FROM	17. 71)			8014 Old to	tar food	14ch, 1	JULE	12211
	230. BURIAL, CREMATION, REMOV	AL 23b. DATE	23c. N	NAME OF C	CEMETERY OR CREMATORY		-	-	
	Burial	1				v Balto.	8	CILHEY	Md.
	24. FUNERAL DIRECTOR	1 3 22	- 1501		250. D	111	25h BEGANANA	TUMPLED	ONNO A COMP

DHMH - 16 50M 4/83 (VRA 15, 4)

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# funeral director, page 3 hin 72 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and a should be detached for use as the burial-transit permit. Then please remove corbonoppers: Pages with the State Dept of Health and Mental Dygatene prior to burial, cremation, at removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR - STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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DEC NO

1396

	CEASED NAME FIRST	WIDDIE								-
	E OR PRINT)			LAST	20. DATE OF DEATH	MONTH		YEAR	26. HOU	-
	Sarah	Delia		Little	6. AGE (IN YEARS LAST BIR		IF UNDER	-	IF UNDER	FFIM
3 51	the state of the s	. RACE	3. DATE	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIR	IHDAY)	MONTHS	DATS	HOURS	MIN.
	Female	Black	5	1 1896	89	YRS.				
∂0. E	IRTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT COU	NTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNT	Y OF DE	ATH		
	Maryland	U. S. A.	WIDOW		Baltimore	City	,			MD.
10. 0	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL,		OR OTHER INSTITUTION	120 USUAL OCCUPATI			KIND O	BUSINE	SS OR
	Baltimore	2521 Hollin			Domestic	IF WORKING I			ami	lies
	IAL RESIDENCE LIF NURSING HOME OR O	THER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION)		13e.STREET ADDRESS	. 710 000				
-1	Maryland 136. COUNT		imore	13d INSIDE CITY LIMITS?	Baltimore,	Mars.	rland	2	1223	
	ATHER'S NAME			15 MOTHER'S MAIDEN NA		Haz	Lanc		LLLJ	
			AST	FIRST Lula	MIDDLE		10	arc.		
160	Joseph H WAS DECEASED EVER IN U.S. ARM		L SECURITY NO.	17 INFORMANT	2 &DQRE	5Holl			Lay	_
	(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)								0100
	No.	213-0	9-0887	Rosetta E. L	ittle Ralt	imore				
	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED			UCAAR FALL	16		8.6		NATE INTER	
	IMMEDIATE	1041/	FESTIVE	HEART FAIL	UKE			6	MON	THS
	Canditions, if any, which	DUE TO, OR AS A CON	ONARY A	INTERRY DISOA	50			40	YEAI	w
5	gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CON		BETES MELLIT		ij,				
ICATION	PART 2 OTHER SIGNIFICANT CO	(c) TYPE	T DIA	BETES MELLIT	นง	20b. IF YI	IVEN IN P	FINDIN	GS USE	
RTIFICATION	PART 2 OTHER SIGNIFICANT CO  PURCEUS 10  190 DATE OF OPERATION  NONE	ONDITIONS CONTRIBUTION  196 CONDITION FOR V	T DIA	BETES MELLIT I NOT RELATED TO THE TERM ON WAS PERFORMED	VIJ  AINAL DISEASE OR CONI  200 AUTOPSY?  YES \( \text{NO} \( \text{NO} \)	20b. IF YE	ES, WERE IFYING C	FINDIN AUSES	GS USE	H?
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4	of to		, ,	Female	Black	MONTH DAY YEAR 7 28 06		ONTHS DAYS HOURS MIN.
	the funeral d within 72	REGISTRAR  1. DECEASED NAME (1796 OF PRINT)  2. SEX  3. SEX  4. RACE  5. DATE OF BIRTH MODILE  76. BIRTHPLACE (STATE OR POREIGN ON THE MODILE OF WHAT COUNTRY)  8. MARRIED IN WIDOWED IN WIDOWED IN THE MODILE OF TH	MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED ADDRESS	9. BALTIMORE CITY OR COUNTY OF THE PROPERTY OF THE PROPERTY OF WORK FOR MOST OF WORKING LIFE	PEATH  MD  125, KIND OF BUSINESS OR INDUSTRY			
-	should be El		1	FATHER'S NAME	TORCE JOPP A	ADMISSION)  13d. INSIDE CITY LIMITS?  TO what YES IND NO STATE NO		Prive 21085
(	D )	14		Thomas Jeffe	rson Diggs	Minnie	Susan ADDRESS	Brooks
1	Pool	Podico	210	Unknown (IF YES, GIVE		Rufus Ruff	, 511 Anchor D	rive Land.
1 4000	physicia an papers.	emaval.		PART I. DEATH WAS CAUSED	BY: CAUSE (o)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
40 or	by the atte	y the attending ple remotion, corporate common control of the common control of the corporate control of the corporate corpora	gave rise to immediate cause (a), stating the			BSTBTIL C/B		
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	an. has been t permit. I	prior	1	190. DATE OF OPERATION			20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
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90 147	y the ho	Thomas Jeffer Miles Jeffer Mile	2 mis p	my	ATTENDING PHYSICIAN [	MEDICAL STAFF	3/13/25	
LANCOLLA	etained by TO FUNER		1	220. ADDRESS 4700 Have	ford Rd			
5	BP	3 3 7	23	BURIAL CREMATION, REMOVAL	I M	NAME OF CEMETERY OR CREMATORY LOUNT AUBURN Cem	BaTTTTmore,	COUNTY Md. STATE

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Am/ March F/H Inc. 1101 North Avenue

DHMH - 16 50M 4/82 (VRA 15, 4) - William Caller

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deo th	TYPE	ORPRINT) Haro			ud	20. DATE OF DEATH	MONTH DAY	- 80 5	P	
ector, p	3. SE	Male	White	5. DATE OF	2 5 06	6. AGE (IN YEARS LAST	BIRTHDAY)  IF U  MON  YRS.	INDER I YEAR IF UNDER	24*HR	
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by the fulled with	Be	altimore		1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Sinai Hospital				17h. KIND OF BUSINE INDUSTRY	ESS (	
R		AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY   130. CITY OR TOV 14 Marce   Baltin	WN I	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS	ZIP CODE ST	t. Paul St	+	
1/100	14 FA	MOCAAN	MIDDLE LAST	1	15 MOTHER'S MAIDEN NA	MIDDLE	-	Thomas	12.	
Pages /		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV NO	RMED FORCES? 166 SOCIAL SEC 188-32	URITY NO9800	Mrs. Prisci	ADD		, Box 267 ark, Pa.		
physicia inpapers imaval.		PART I. DEATH WAS CAUSE	FD BY. A							
d by the ottending lease remave carb ol, cremation, or r r other traumatic		Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF  (b) Pneumonia / UTI, probable sepsis  DUE TO, OR AS A CONSEQUENCE OF  (c) Metastatic Prostatic Caranoma							
n signed Then plant to burn injury, a	N O	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
has been to permit.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	196. CONDITION FOR WHICH OPERATION WAS PERFORMED				/ERE FINDINGS USED IG CAUSES OF DEAT NO	TH?	
ial-transintal Hygiem 18 sh		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM TO PART	2 OR PART 2)		
s the bur s the bur and Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC )	21f LOCATION STREET	CITY OR	IOWN	COUNTY 5	STATE	
for use of Health		22a.1 certify that (1) (this haspital) attended the deceased from 5 - 4 , 19 85 , to 5 - 8 , 19 85 , that (1) (we) last saw the deceased alive on 5 - 8 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (m) (fid) (did nat) view the body after death.								
At DIREC detached ote Dept. T. If Ifem		226 SIGNATURE Marcu	s & Qn	n n	ATTENDING PHYSICIAN [	MEDICAL ST	AFF SICIAN 🖎	5-8-8	3	
should be d		Marcus L	Penn MA		Smail4	fospital	Baltin	nore Mid	(	
D#3 8		SURIAL, CREMATION, REMOVAL SPECIFY) Removal		NAME OF CE	METERY OR CREMATORY	236. LOCATION CITY OR TOWN	c	OUNTY 5	STATE	

DHMH - 16 50M 4/83 (VRA 15, 4)

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24 FUNERAL DIRECTOR Anatomy Board

ADDRESS Balto., Md. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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denth certificate be executed within 24 hours inter denth. Figge 4 modes
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		STATE OF MARYLAN	D
FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND ME CERTIFICATE OF DEA	
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	F	REG. NO.				177	

MAY 3 1 1985 REGISTRAR 256 REGISTRAR'S SIGNATURE OR

		REGISTRAR			CERTIF	ICATE OF DEATH		REG.	NO.		Constitution of
		CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF			DAY YEAR	2b HOUR
	(TYPE	WILLIA	M EI	WARD	LOA	NE	May	24,	1985		6:50pm
1	1 5E>	(	4 RACE	1 TO 11	5. DATE O		6 AGE INY	EARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
ĝ.		Male	Whit	e	May	22, 1926	59		YRS	MONTHS DAYS	HOURS MIN.
A	70. BJI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	D NEVER MARRIED	9 BALTIMO	RE CITY	OR COUNT	OF DEATH	
Z	Ma	aryland	U.S	.A.	WIDOW		Bal	time	ore C:	itv	MD.
	10. CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME (	OR OTHER INSTITUTION	120. USUAL	OCCUPA		12b. KIND O	F BUSINESS OR
	-	altimore		legworth		e	Meta	1 w	orker	B & 0	O RR
3	13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU		Baltim	V	138 INSIDE CITY LIMITS?			s / ZIP CODE	Lane	21230
	14. FA	THER'S NAME	MIDDLE	LAST	707	15 MOTHER'S MAIDEN NAM	WE	WIDDIE		241	T
2	1	Michael Ed	lward	Loane		Margaret		MIODEL		Brai	nnan
		VAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	3	ADD	RESS	21:	230
	,	Yes W		219-18-	8387	Madeline R.	. Loa	ne,	2719	Wegwood	rth La.
		18 CAUSE OF DEATH (Enter of	nly ane cause per	r line far (a), (b), and	lic	1				APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSI	ED BY. TE CAUSE (a)	en	Np	my ser	ne	-1			
				R AS A CONSEQUE	NICEOF		-	10	18		
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	17	gave rise to immediate cause (a), stating the	10,	2		1					
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d	CERTIFICATION	19a. DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTO	OPSY?		S, WERE FINDIN	
2	H	6 5-					YES 🗍	NOX		YING CAUSES	OF DEATH?
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	100	OR CONTRIBUTING CAUSE OF DE	ATT .	M. MONTH DA	Y YEAR	14 1 10					
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2		saw the deceased able or	416	10 8	\$	nd that in (my) (aur) apinian a	death accurre	d an the	date and hav	r and Iram the	causes stated
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					/	ATTENDING PHYSICIAN X	MEDICAL	ST	AFF	Marr	27,1985
-		274 PHYSICIAN'S NAME (1991)	(4.8844)	1	/	22e ADDRESS	DIRECTOR	PHIS	ICIAN []	ray A	27,1903
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-	230 0	Daljit S. S			AME OF C	7422 Balti	123d LOCA		Iaboll	S DIVO	1 •
		SPECIFY)				son For. Vet			Mill	COUNTY	STATE
	VA. FL	Burial									
	RC	BERTECO: ALTE	NBURG	FUNERAL	HOM	E, INC. MAY	311	185	wia Va	RAR'S SIGNAT	Hotelle

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6009 Harford Rd., Balto., Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

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FOR STATE REGISTRAR 1. DECEASED NAME

STATE OF MARYLAND
JIMIL OF MAKILAND
DEPARTMENT OF HEALTH AND MEN
CERTIFICATE OF REAL

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

STATE OF MAKTLAND	
EPARTMENT OF HEALTH AND MENTAL HYGIEN	E
CERTIFICATE OF DEATH	

ſĠ	IENE 8 5 1 3 9 7 0
	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR-
	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 21 HRS MONTHS DAYS HOURS MIN.
	9. BALTIMORE CITY OR COUNTY OF DEATH  BOLLING COUNTY OF DEATH  BALTIMORE CITY OR COUNTY OR COUNTY OF DEATH  BALTIMORE CITY OR COUNTY OR COUNTY OF DEATH  BALTIMORE CITY OR COUNTY OR
	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Dep. Divison Dir. Soc. Security
	13e STREET ADDRESS / ZIP CODE 313 Crosby Rd., 21228
IAA	ME LAST Evans
	ADDRESS
У	S. Barrington, same as #13e
	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Ara	PCINOMA OF LUNG
RM	INAL DISEASE OR CONDITION GIVEN IN PART 110
	200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO Y  YES NO NO
JRR	ED (ENTER NATURE OF INJURY IN 11EM 18 PART 1 OR PART 2)

Pikesville, Maryland

750. DATE REC'D. BY REGISTRAR 756. REGISTRAR'S SIGNATURE

MAY 2 1 1985

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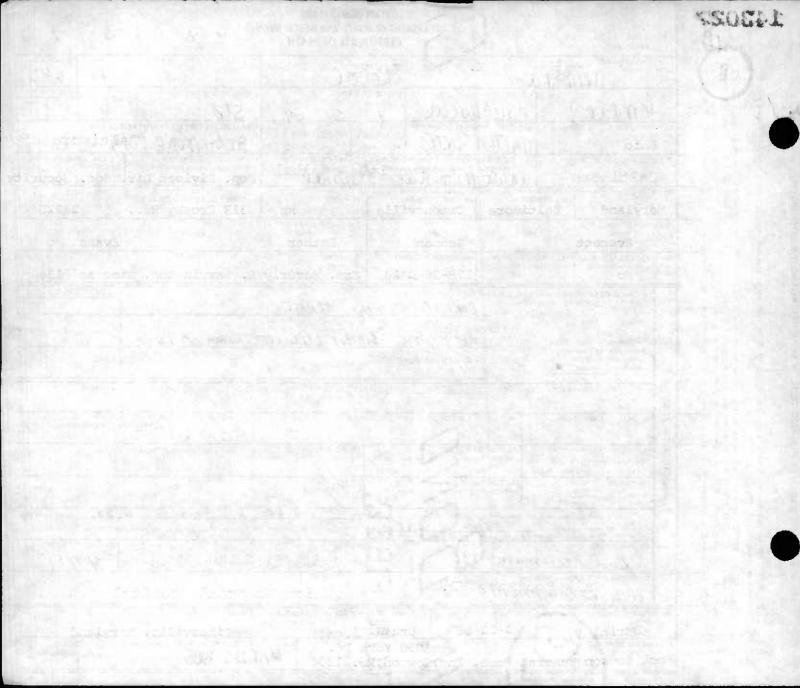
ı	1. DECEASED NAME FIRST (TYPE OR PRINT) MARTHA	K.	LOC	KELO	20. DATE OF DEATH	MONTH DAY	YEAR 2	16. HOUR -	
	3. SEXA	RACE	5. DATE O	DE BIRTH	AGE (IN YEARS LAST BIRT	3 11	NDER I YEAR	F UNDER 24 HRS	1
	fenale	caucasear	MONTH	DAY YEAR S	56	YRS.		HOURS MIN.	
7	70. BIRTHPLACE (STATE OR FOREIGN 76.	CITIZENOF WHAT COUNT	MARRIEI		9. BALTIMORE CITY OF		Atimo	re Cit	٠.
	Ohio	Mula Jala	WIDOWE	- CV	170 USUAL OCCUPATIO	0001	1	BUSINESS OR	-
4	Baltimore i	UNIOX HOME	enoria		(TYPE OF WORK FOR MOST OF Dep. Divise	WORKING LIFE)	INDUSTRY	Securi	tz
201		13c. CITY OR	TOWN	YES NO XX	313 Crosby		2	21228	
0	FATHER'S NAME FIRST Everett	Seama Seama		IS. MOTHER'S MAIDEN NAMI Esther	E MIDDLE		Evans		
J	(YES, NO OR UNKNOWN) (IF YES, GIVE W		SECURITY NO.	17 INFORMANT	ADDRE	SS			
0	No	278-26	5-9424	Mrs. Beverly	S. Barring	ton, sa		#13e	_
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSE	EQUENCE OF	MALL CLL CAR			IN PART 10		
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	Tie. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  Tid. IN JURY OCCURRED  WHILE  AT WORK AL WORK	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AI HOME, STREET, FACTORY, OF	19	211 LOCATION STREET		Y IN ITEM 18 PART 1	OR PART 2)	STATE	
	270.1 certify that (I) (this haspital saw the deceased alive an above, (I) (we) (did) (did not)	5/19	19 85 , or	nd that in (my) (our) apinion de	, to	19 19 te and hour an			_
	226. SIGNATURE Gul Reichm	nan md.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		5/14	185	
	22d PHYSICIAN'S NAME (1996 ORP)  GALL REP  GALL REP	dimann MD.		Union Me	emorial Ho	spita	1		
	(SPECIFY)			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	ce	OUNTY	STATE	
	Burial	5-22-85	Druid	Ridge	Pikesvi	lle, Ma	ryland		

ADDRESS OF YORK Rd.

DHMH - 16 50M 4/83

(VRA 15, 4)

24. FUNERAL DIRECTOR



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		
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JRECTOR: After this certificate has been signed by the ottending ched for use as the buriol-transit permit. Then please remove corbor Dept. of Health and Mental Hygiene prior to buriol, cremation, or restlem 21 is marked or Item 18 shows any injury, or other traumatic estimated.	_	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN  21d INJURY OCCURRED  WHILE OF OPERATION  22a I certify that (1) this has sow the decease of the dece	DUE TO, OR AS A CONSEQU  (b)  DUE TO, OR AS A CONSEQU  (c)  CONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICH  198 CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH D P.M.  216. PLACE OF INJURY (AT HOME. STREET IS COUNTY, OFFICE.)  pital) oftended the deceased fram- ing.  199  1011 view the bady after death.	ENCE OF CARLON DEATH BUT NOT RELATED TO THE TER  OPERATION WAS PERFORMED  AY YEAR  19  216 HOW INJURY OCCU  AY YEAR  19  216 LOCATION  STREET  DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO X  JRRED (ENTER NATURE OF INJUR  CITY OF TOV  on death accurred an the do	20b. IF YES. WERE FINI IN CERTIFYING CAUS YES  YES  YES  YES  YES  YES  YES  YES	DINGS USED LES OF DEATH? NO [] STATI
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ERAL DIRECTOR: After this certificate has been signed by the ottending se detached for use as the burial-transit permit. Then please remove corbor State Dept: of Health and Mental Hygiene prior to burial, cremation, or res	WEDICAL MEDICAL	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALUSE OF DETERMINE OF CONTRIBUTING OR CONTRIBUT	DUE TO, OR AS A CONSEQU  (b)  DUE TO, OR AS A CONSEQU  (c)  CONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICH  196 CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH D P.M.  216. PLACE OF INJURY (1AT HOME STREET TO OFFICE, IN  101. STREET TO OFFICE, IN  102. CORPORATE  103. DOVICK, MD	ENCE OF CAPUTO LAS  DEATH BUT NOT RELATED TO THE TER  I OPERATION WAS PERFORMED  AY YEAR  19  216 HOW INJURY OCCU  STREET  ATTENDING PHYSICIAN  220 ADDRESS	200 AUTOPSY?  YES NO S  JRRED (ENTER NATURE OF INJUR  CITY OR TOV  On death accurred an the da  MEDICAL STAF  DIRECTOR PHYSIC	20b. IF YES. WERE FINI IN CRITIFYING CAUS YES  YES  YES  YOUNTY  TO THE ONLY  THE ONLY HOUSE AND THE ONLY HOUSE AND THE ONLY  THE ONLY HOUSE AND THE ONLY	DINGS USED ES OF DEATH? NO

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours aft

retained by the hospital or attending physician.

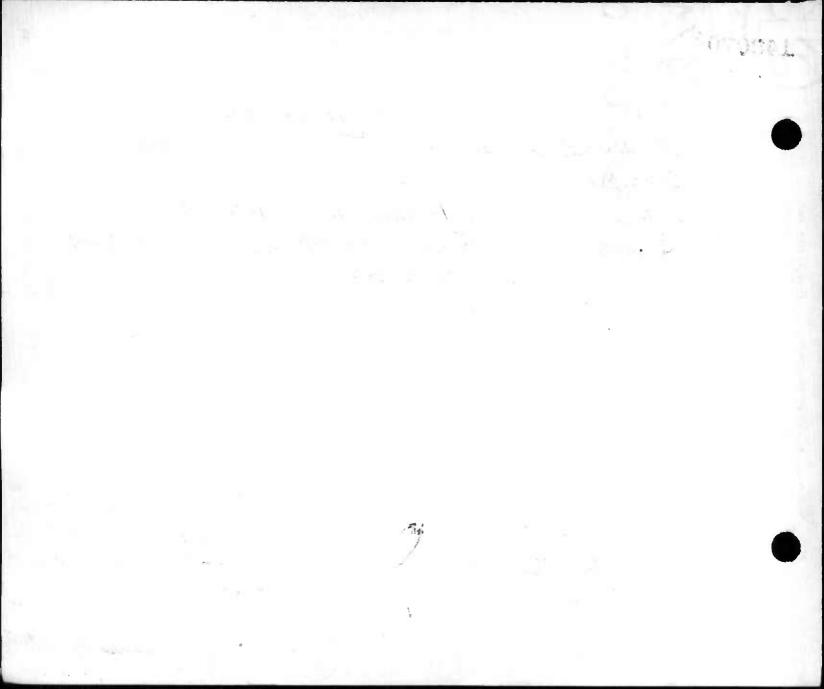
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and call should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages of with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

# STATE OF MARYLAND

				REG. N	WEAR ALLOW
	CEASED NAME FIRST	WIDDLE	Lofton	20 DATE OF DEATH	x 18-65 19
3 SE	Henr	1. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST B	0 10
	M	N	MONTH DAY YEAR	72	MONTHS DAYS HOURS
70. BI	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	MARRIED LEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH,
Wi	Imington, N.C	4.7.	A. WIDOWED DIVORCED	120 USUAL OCCUPA	Bolts · Cuty
n	TITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, G		(TYPE OF WORK FOR MOST	
Du	AL RESIDENCE (IF NURSING HOME OF	0.01	realism Hosp.		
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14. F	ATHER'S NAME	MIDDLE / DEI	LAST 15. MOTHER'S MAIDEN	NAME MIDDLE	/ Had SON
160. V	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b. SOCI	AL SECURITY NO. 17 INFORMANT	ADDI	RESS
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	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CO		ERMINAL DISEASE OR COI	NDITION GIVEN IN PART 1101
TION	gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO	INSEQUENCE OF		
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H	TO FUNERAL DIRECTOR: After this certificate has been signi	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction anger	No. pope 3	34
\$ ≥	should be detached for use as the burial-transit permit. Then please remave carban paper with the State Dept, of Health and Mental Hygiene prior to burial, crematian, or remaval.	should be detached far use as the burial-transit permit. Then please remave corbanpapers. Pages / and 2 should be filed within 72 ha with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval.	C	15
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

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3	FOR STATE REGISTRAR				0	REG. NO.				
	I. DECEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH					
ı	(TYPE OR PRINT)	C.	LOHR	May 9,	1985	1:00 %				
d	3 SEX	4 RACE	5.		6. AGE (IN YEARS LAST B	RTHDAY) IF UNDER				
	Female	White					DATS HOURS MIN.			
	70. BIRTHPLACE (STATE OR FOREIGN	AND ARE OF DEATH MONITOR OF SERVING AND ARE OF CONTROLLED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DUE TO, OR AS A CONSEQUENCE OF COUNTY OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DUE TO, OR AS A CONSEQUENCE OF COUNTY OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DUE TO, OR AS A CONSEQUENCE OF COUNTY OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DUE TO, OR AS A CONSEQUENCE OF COUNTY OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11 DUE TO, OR AS A CONSEQUENCE OF COUNTY OF THE NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11 DUE TO, OR AS A CONSEQUENCE OF COUNTY OF THE NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11 DUE TO, OR AS A CONSEQUENCE OF COUNTY OF THE NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11 DUE TO, OR AS A CONSEQUENCE OF COUNTY OF THE NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11 DUE TO, OR AS A CONSEQUENCE OF COUNTY OF THE NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11 DUE TO, OR AS A CONSEQUENCE OF COUNTY OF THE NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11 DUE TO, OR AS A CONSEQUENCE OF COUNTY OF THE NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11 DUE TO, OR AS A CONSEQUENCE OF COUNTY OF THE NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11 DUE TO, OR AS A CONSEQUENCE OF COUNTY OF THE NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11 DUE TO, OR COUNTY OF THE NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11 DUE TO, OR COUNTY OF THE NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11 DUE TO, OR COUNTY OF THE NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11 DUE TO, OR COUNTY OF THE NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11 DUE TO, OR COUNTY OF THE NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 12 DUE TO, OR C	ATH							
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	Al hanke	Plani		ATTENDI	NG MEDICAL STA	AFF	5/10/05			
_	226 PHYSICIAN'S NAME (TYPE	OR PRINT)		riii sici)	DIRECTOR   PHYS	CIAN	710195			
4						pital, Ba	alto., MD			
	(SPECIFY)	(SPECIEY)			CITY OF TOWN	Pikesville, COUNTY MD				
	Burial 24 FUNERAL DIRECTOR Have	5/11/85		uid Ridge						
	NAME	nry W. Jei			MAY 1 0 1985	R 25b. REGISTRAR'S S	- Jundale			
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# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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ly filled in by the funeral director page 3 should be filed within 72 hours ofter death

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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar removal.

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oth. Page 4 may be

executed within 24 hours offer

that the death certificate be

requires

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or attending physician.

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FOR - STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR		CERTIFICATE OF DEATH REG. NO.						
	DECEASED NAME FIRST	WIDDLE	MIDDLE LAST			2a DATE OF DEATH MONTH DAY YEAR 2b. HOUR			
- '	TYPE OR PRINT)	IAN R.	LO	NG	MAY 14,	1985	5:30		
3.	SEX	4. RACE	5. DATE O		6 AGE (IN YEARS LAST	BIRTHDAY) IF UI	NDER I YEAR	IF UNDER 24 HRS	
	Female	Black 12		2 24 28	56	YRS	UATS .	HOURS MIN.	
70	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	VIRY? 8	NEVER MARRIED	9 BALTIMORE CITY	9 BALTIMORE CITY OR COUNTY OF DEATH			
5	MD	USA	WIDOWE	D DIVORCED	1	RE CITY		М	
3	BALTIMORE	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE JOHNS HO	PKINS H		12ª USUAL OCCUPA		2b. KIND OI NDUSTRY	F BUSINESS OI	
5	SUAL RESIDENCE (IF NURSING HOME OF STATE 13b COL	JNTY I3c. CITY OF	E BEFORE ADMISSION) R TOWN L IMORE	13d. INSIDE CITY LIMITS? YES 📉 NO 🗌	130 STREET ADDRES	s/zipcode Chape	l St.	2121	
) 14	FATHER'S NAME Julius	Logan	51	15. MOTHER'S MAIDEN N Maggie	MIDDLE Good LAST				
16	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT		RESS			
	NO (JETES G	212-2	6-0636	Reena L. L	owery 33	03 Spri	ngdal	Le Ave	
F	18 CAUSE OF DEATH (Enter of	only ane cause per line for (a), (	(b), and (c).				APPROXI/	MATE INTERVAL	
	PART I. DEATH WAS CAUS		ratem a	rest		1	line	edit	
	111112					J			
1		DUE TO, OR AS A CONS	1/ .			Desc.	-	11	
	Canditions, if any, which gave rise to immediate	(b) HCC14	Thinle				(MA	ult	
	cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF	,		2.		6	
1	underlying cause last.	1 10 hus	10 XIM +	ion thoppy	em A		Seval	-lacs	
		CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIVEN I	N PART 110		
1210	2								
73	190 DATE OF OPERATION	196 CONDITION FOR W	TION FOR WHICH OPERATION WAS PERFORMED		200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
					YES NO YES NO NO				
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1 5	(IF EITHER NOTIFY MEDICAL EXAMIN	P.M. 21e. PLACE OF INJURY	19	21f LOCATION					
1 3	(AT HOME STREET FACTORY OFFICE							STATE	
1	WHILE NOT WHILE AT WORK								
220 I certify that (I) (this hospital) attended the deceased from 4-25 , 19-85 , to 5/14/ , 19-85 , that (I) (we) last									
	sow the deceased alive on								
	226. SIGNATURE DEGREE 226. DATE SIGNED								
Marche F. Marritunt ATTENDING MEDICAL STAFF PHYSICIAN   DIRECTOR   PHYSICIAN   5/14								41.	
	22d PHYSICIAN'S NAME LTYPE	OR PRINT)	6	22e ADDRESS	_ DIRECTOR _ FITT	SICIAIN		1 03	
	michele f	Nowo tou	k	600 NI	18/fe 5+	. But.	an .	no W	
23	BURIAL, CREMATION, REMOVA	23b. DATE 5/18/85		EMETERY OF CREMATORY Lvary Cem.	Balti		Co.	<sup>51</sup> MD	
	DOLISI	17/10/07	nic. cu.	Lvary cem.	paiti	nore	CU.	ITL	
24	FUNERAL DIRECTOR				TE REC'D. BY REGISTR.	AR 256 REGISTRAR	SSIGNAL	JRE	
24		ADD	PRESS		TE REC'D. BY REGISTR		SSIGNAL	JRE	

DHMH - 16 60M 7/84 (VRA 15, 4)

March F/H

1 - STATE REGISTRAR  I DECEASED NAME	IRST AMARIE	PARTMENT OF HEALTH AND ME CERTIFICATE OF DEA	ATH REG. NO.	INTH DAY YEAR 26. HOL
(TYPE OR PRINT)  A 3 SEX	days M.	Lovers.	6 AGE (IN YEARS LATER)	143 85 40
F	C	3/29/	1/ 74 yr	YRS.
A Parlo		MARRIED LI NEVER MA	RCED   Baltin	ine City
or town of Death	11. NAME OF HOSPITAL, N	HURSING HOME OR OTHER INSTITU	UTION TO USUAL OCCUPATION	ONE OF BUILD OF BUILD ON THE INDUSTRY
	COUNTY CITY OF	R TOWN 136 INSIDE CITY		PCODE Pele
PATHER'S NAME	A MOUNT CO	15 MOTHER'S M		1-0
	1.S. ARMED FORCES? 166 SOCIAL FYES, GIVE WAR OR DATES)	L SECURITY NO 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	JODRESS JODRESS	52/54
18. CAUSE OF DEATH IS PART I. DEATH WAS		CNOESTIVE H	SART FAILURE	APPROXMATE INTE BETWEEN ONSET AND
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underlying cause		MYCCARDIAL SEQUENCE OF	ENJARCTION	
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22b. SIGNATURE	/ /-		ENDING MEDICAL STAFF	220. DATE SIGNED
Thom	(TYPE OR PRINT)	22e ADDRESS	ercy Hospin	AL BOLTO,
230. BURIAL, CREMATION, REA		23 CHAME OF CEMETERY OF CRE	AATOM TIM JOO TION	104.1.

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FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG	ISTRAR			CERTII	TCATE OF DEATH	REG. I	NO.		7
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	(TYPE OR PRI	" Har	riett	В.	Lower	cy		5- 5	- 85	12.2
	3. SEX		4. RACE		5. DATE (	OF RIRTH	RTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF			
		Female	WHI	TE	wahir		90		MONTHS DAYS	HOURS M
120	7a. BIRTHPL	ACE (STATE OR EC	PREIGN 76. CITIZEN	OF WHAT COL	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
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-	Md 14. FATHER	SNAME		Bal		15. MOTHER'S MAIDEN NA	TOZU DIE	Iluaii	Ave.	21213
Bn.	IN. FAIRER	EIRST	MIDDLE	1	AST	FIRST	MIDDLE		LAS	ST
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0 .			N U.S. ARMED FORCE		AL SECURITY NO.	17. INFORMANT	ADD	RESS		
9	NO NO	OR UNKNOWN)	(IF YES, GIVE WAR OR DATE		-03-838	James Lowe	ery 2620	Bren	dan Av	
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0		E NOT WHIL	E	E, SIREET, FACTORY	, OFFICE, EARM, ETC.)	SINCE	CIII ON			3.4.
0	AT WC	ORK AT WORK				1	- CM		01	
E	220.1	certify tho (1)	this hospital) attended			19 0)	to DY a	X 5	19 0)	that (1) we)
=	5	ow the deceased	olive on Ma		19.85,0	nd that in (my) our) opinion	death occurred on the	date and hou	r and from the	couses state
E		obove (I) weltdi	dy (did not) wew the b	ody after death	1.					
÷	22b. S	GNATURE	^	110	^	DEGREE			22c. DATE	SIGNED
<u> </u>		14.0	1 ()	11/2	() 1	ATTENDING A		AFF	=1	1185
MPORTANT		1200	nany	1102	V 1	PHYSICIAN L	DIRECTOR   PHYS	ICIAN	1.5/	6/0)
4	22d. F	HYSICIAN'S NA	ME (TYPE OR PRINT)			22e. ADDRESS				
ő	_		1 5 3			0610 D.1-	: D.J. D-	TT	-11 0	1226
Z -			ard Bond			9618 Bela:		rry H	all 2.	1236_
= (		, CREMATION, R				EMETERY OR CREMATORY	23d. LOCATION			11.27
	But	rial	5-8	-85	Gasto	nia Cemeter	y Gaston	ia	COUNTY	N.C. STATE
-								•		
′83		AL DIRECTOR	3331	Brehms	Lane 2	1213 [2MA]	REC'D BY 1985 RA	R 23b REGAL	RABS SIGNA	HELER
		AME			DDRESS -			7		
63	Schi	munek F	Funeral E	OMP . Tr	nc. Dal	Lo Ma	1	/1		

Balto., Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

HOSPITAL OR ATTENDING PHYSICIAN: The

etoined by the hospital or

BP.

attending physicion.

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	1	0	7	1
DEC NO				

	REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO.	, ,			~
	DECEASED NAME FIRST		MIDDLE	L	AST	20. DATE OF	DEATH MONTH	DAY	YEAR 2h	b. HOUR	_
1	JESS	IE J	ıme1	LOW	ERY	MAY O	3. 198	5		11:42	1 M
1.	SEX	4. RACE	3	S. DATE C		6 AGE IN YEA	ARS LAST BIRTHDAY)	IF UNDER		FUNDER 24 HRS	_
	Male	America	in Indian	5-/	- 10/0	42	Υ'	RS.	DAIS	MIN	
70	BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8. MARRIE	A4		E CITY OR COU		ATH		
	N. Carolina	USA		WIDOWE		BALT	IMORE	CITY		M	D.
10	CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL O		12b. K	KIND OF B	BUSINESS O	R
1	BALTIMORE		HNS HOP		HOSPITAL	Truck		140	231K1		
	SUAL RESIDENCE (IF NURSING HOME 13b COL		130 CITY OR TOW	N	136. INSIDE CITY LIMITS?	130 STREET, AL	DDRESS / ZIP C	CODE	2/22/	,	
-	FATHER'S NAME		Baltimo	re	YES NO 15 MOTHER'S MAIDEN NA	_	Mudein	L JZ. Z	21231		_
.1	James 11.	MIDDLE	Lowery		Ethel	741L	MIDDLE		Hunt	<i>t</i>	
16	WAS DECEASED EVER IN U.S. A	ARMED FORCES?	16b SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDRESS		nun		_
	MO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	239-64-	1019	Wanda J. Low	ery 18	N. Made	eira S:	treet	t	
Г	18 CAUSE OF DEATH (Enter		r line far (a), (b), an	d (c)				BE	APPROXIMA TWEEN ONS	TE INTERVAL	
Т	PART I. DEATH WAS CAUS	ATE CAUSE (a)	Cardiop	ulma	vary Arrest				has	5	
1		DUE TO, O	R AS A CONSEQUE	ENCE OF							
1	Conditions, if any, which	( ıb)	Asysto	e				- 1	hou	ر ا	
1	gave rise to immediate cause (a), stating the	DUE TO, O	R AS A CONSEQUE						2 400	2-5	
1	underlying cause last	(c)	Corena	ry A	rtery Disegs	ce			- yer	2(1)	
1,	PART 2 OTHER SIGNIFICAN	CONDITIONS C	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	OR CONDITION	GIVEN IN P	ART Ita		
- 5		101 60110	TION SOR LINES	0050.710		00 414700	CY2 Lost II	C VEC WEDE	FINIDALO	0.110=	_
2 - 2	190 DATE OF OPERATION	198. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOP	NO IN CE	F YES, WERE ERTIFYING CA YES	AUSES OF	F DEATH?	
11		110110 4		AV VEAD	21¢ HOW INJURY OCCUR	RED (ENTERNATU	JRE OF INJURY IN ITEA	4 18 PART TORP	ART 2)		_
-13	OR CONTRIBUTING CAUSE OF C	CAIN	.M. MONTH DA	AT TEAK							
10000	214 INJURY OCCURRED	21e PLACE	OF INJURY		211. LOCATION		CITY OR TOWN	COU	INTY	STATE	
1	WHILE NOT WHILE AT WORK	(AI HOME ST	REET, FACTORY OFFICE, F	ARM ETC )	SINCE		CIII ON TOWN			JIAIL	
	220.1 certify that (1) (this has		- > /	5	3 19 87	, to	5/3	19_8		at (1) we la	st
	saw the deseased alive of above, (I) (we) did) (did)	nat) view the body	ofter death.	, of	nd that in (my) (our) apinion	death accurred	on the date and	haur and fro	am the cau	uses stated	
1	22b. SIGNATURE	11 10. 1	00		DEGREE ATTENDING	MEDICAL	STAFF	220.	DATE SIC		
1	faire	H Mad	077	JAD,	PHYSICIAN [		PHYSICIAN	( !	53	82	
1	226. PHYSICIAN'S NAME (TYPE		0		22e ADDRESS	-la'-15 11	101	Baltima	. 1	10	
	DAVIDH	MADOFF			The Johns Ho	L CAINE	pospital,	DOM: WA	72,1	الما	

ORTANT

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DEMNIS

DR

MED

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 23h DATE Burial

John M. Weber & Sons Inc, 409 5. Chester St.

24 FUNERAL DIRECTOR

23c NAME OF CEMETERY OR CREMATORY 5--6-1985 Glen Haven Cemetery 23d LOCATION
GLEN Burnie

COUNTY

Md. MAY 6 1985

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mingray of the contract of the

3 TO THE FUNERAL DIRECTOR.
IN PAGE 5 FOR YOUR FILES.
D BE FILED, WITHIN 72 HOURS.
RDS, 201 W, PRESTON STREET. TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER EXECUTE THE CERTIFICATE, WRITING THE WORD. "PENDION" IN PROCILL IN ITEM 18 GRAPP PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALDING WITH FOR FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PROMITED ARRANGED TO SHOULD BE USED AS A BURIAL - TRANSITOR OF REMOVAL

(VR A15 ME (5)) 20M 4/B2

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAL

It	ems 18-	-22a 9/30	/85 mtb F	#607 STA	ATE OF MARY	LAND MENTAL H	IVCIENE					
1-	STATE		MEI	DICAL EXAMIN	JED'S CEPT	EICATE C	PEDEATE	5		9	1	Ÿ
1. DÉ	REGISTRAR CEASED NAM	F FIRST	77122	MIDOLE	LAST	ITCATE	70	DATE KNOWN	, NO.	DAY	YEAR	25. HOUR
	PE OR PRINT)			7				OF ESTI-	C			29. HOOK
3 SE	v	Karen	5. DATE OF BIRTH	J.	Lova	Cona YR. IF UNDER			□ 5/	15/19	9 85 YEAR	M HOUR
2 2E	^	4 RACE	MONTH DAY	YEAR LAST BIRTHE				NOUNCED				10:3
	emale	White	Sept10	1952 32	rrs.			DEAD	5/	15/1		Рм
	IRTHPLACE (S DREIGN COUNTRY)	TATE OR	76 CITTZEN OF WH		8. MARRIED	NEVER MARR	IED X	ALTIMORE CIT	Y OR COUR	ITY OF DE	AIH	
		ton DC		States	WIDOWED [	DIVORC		Baltimo				MD
10.C	ITY OR TOWN	OF DEATH		PITAL, NURSING HOM	NE, OR OTHER INS	TITUTION	12a. USUAL FOR MOST	OCCUPATION OF WORKING LIFE)	(TYPE OF WORK	OR I	NDUSTR	Y
10	Baltim			gnes Hospi				tered		≥ Me	edic	cal
	AL RESIDENCE	(IF IN NURSING HOME OF	OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISS	SION)	IDE CITY LIMITS?	13e. STREET	ADDRESS				
	arylan		George	Distric			6602		r St	reet	20	747
	ATHER'S NAME		MIDOLE	LAST		OTHER'S MAIDE		WIDGLE		LA.	67	
1	TOSAN	h (			M	ary		.T	ц	erans	_	
16a \	WAS DECEASE	h (	NED FORCES?	OVACONA IM. SOCIAL SECURI	TY NO. 17. IN	ORMANT		ADDF	RESS	-J. CIII.	3ny	
all.	NO, OR UNKNO	(IF YES, GIVE V	VAR OR DATES)	217 60	8639 Jo	seph C	Lova	cona	Same	as	#13	3
7		F DEATH (Enter only	y ane cause per line		7				0 4111	APPE	POKIMATE	INTERVAL
1/	PARTIDE	ATH WAS CAUSED		Undetermin	ed					BETWE	EN ONSET	AND DEATH
	2 7 1	IMMEDIAT		AS A CONSEQUENCE	OF			· · · · · · · · · · · · · · · · · · ·				
1		ns, if any, which	1							700		
		se to immediate stating the under-	DUE TO, OR	AS A CONSEQUENCE	OF							
	lying cau	ise last.										
10.	PART 2 OTHER ST	GNIFICANT CONDITIONS C	ONTRIBUTING TO OFATE I	OUT NOT RELATED TO THE TER	MINAL DISEASE OF CON	DITION GIVEN IN PA	PT 1 in				-	
z			4	THE SERVICE OF THE SER	MINIT BISEASE OR CON	OTTION OTTEN META	ik) I su					
HE	19a DATE OF	OPERATION	19h CONDIT	ION FOR WHICH OPE	RATION WAS PER	FORMED?				20 ALI	TOPSY?	
FI.			1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
CERTIFICATION	21a EXTERNA	AL CAUSE WAS	21b. TIME OF	INTERV	71, HOW IN	URY OCCURRE	D JENTER NATH	E OF INTERVENTE	M 18 PART I OP 8		s 💢	NO [
0	UNDERLYING	OR	HOUR A.M.	MONTH DAY YEA	R THE TIES	OKT OCCORRE	D TENTER NATOR	CO WYJORY BY HE	W INTAKI TOKT	Mr. 2)		
MEDICAL	21d. INJURY C	NG CAUSE OF D		DF INJURY (AT HOME,	21f. LOCATIO	NÎ.						
ME	WHILE _	NOT WHILE	STREET, FACTO	ORY, FARM, ETC.)	STREET		СП	Y OR TOWN	C	YINUC		STATE
	AT WORK	AT WORK										
	22a I certi	fy that I taak charge	e af the remains desc	ribed abave, held an	Autapsy X	, Inspectio	ın 🔲 , lı	nquiry ,	and in my o	pinian		
	death result	ed fram: Nature	al causes .	Accident , S	vicide	amicide .	Undetermi	ned manner 🗶	<b>x</b> ,			
	2200		& M		TIT	LE (SPECIFY)						
	SIGNATURE,	- 6	JUY		M.D. A	ssistan	t MEDICAL	EXAMINER	DATE	ED 5/	16/	35
3	EVALUE DE DIC	NIAME	/									
	EXAMINER'S (TYPE OR PRI	NT) Greg	ory R. Ka	uffman, M.	DADDRE	SS	111 Per	on St.				
23a. B	URIAL, CREMA	TION, REMOVAL 23	b. DATE	23c. NAME OF CE	METERY OR CREA	MATORY	23d. LOCAT		co	UNIY	STA	IE Pa
	Burial	12	21May85	Calvary	y Hill	Cemete	TV Cr	ahtree	West			
	UNERAL DIREC		ADDRESS		tland,	Md25a. DATE	REC'D. BY REC	SISTRAR 256 F	EGISTRAR'	SEN AL	-	
Ro	bert	E Wilhel	lm Funer	al Home		MAY 2	2 1935	gulande	Midde	( )		
								1/2				

The second second second

154064	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5   REG. NO.	3 9 8 0
: 315		CEASED NAME FIRS MA	RIE MOLE LAW	SON LOYAL	THE DATE OF DEATH	4- 15 1252 MAY YEAR 28. HOUR
	I. SE	F	4. RACE	5. DATE OF BIRTH  MONTH DAY YEAR  S - 15- 25		FUNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
( A )&	<b>b</b>	RTHPLACE (STATE OR FOREIGN COUNTRY)  TOUNTRY)  TGINIA	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY	OF DEATH MD
90	10. <u>C</u>	BACTO	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)  WICHOSPITML	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
24 hours		AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY 13c. CITY OR TOW  B A CO	N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	TERSON ANE SIZI
and within	14. FA	THER'S NAME FIRST Powhatan	Pollia	m Bessie	AME MIDDLE	Harris
Pages Co		VAS DECEASED EVER IN U.S. AR/ (15, NO OR UNKNOWN) (15 YES, GIVE	WAR OR DATES)	RITY NO. 17. INFORMANT -8931 Barbara P	ADDRESS Price 3555 Lynd	ale Avenue
deoth certificate ottending physicie ove carbon poper tion, or removal. oumatic event, the		PART I. DEATH WAS CAUSEI IMMEDIAT	DUE TO, OR AS A CONSEQUE	MODES STATE	DEMMAL CA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the remo		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	NCE OF		
requires that en signed by Then please or to burial, cr rinjury, or oth	NO O	PART 2 OTHER SIGNIFICANT C	onditions <u>contributing to </u>	DEATH BUT NOT RELATED TO THE TERA	MINAL DISEASE OR CONDITION GIVE	N IN PART 110
he low on. hos been t permit ene pric	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
SICIAN: T g physici certificate certificate miol-tronsi entol Hygi		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)
ottendin ottendin stret this c stret bur hond Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	TIE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.) 21). LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN spirol or CTOR: Af I for use o I for use o I for use o		270. I certify that (I) this hospit sow the deceased alive on above, (D) (we) (did) (did not		7-23 19 85 95 , and that in ( (our) opinion	deoth occurred on the dote and hour	9

TO HOSPITAL OR ATTEN

Tetoined by the hospital
TO FUNERAL DIRECTOR
Should be detached for u
with the State Deept of HI
IMPORTANT: If them 21 is

DHMH - 16 50M 4/83 (VRA 15, 4) 230. BURTAL 235. DATE 5/31/85
24. FUNERAL DIRECTOR

27d. PHYSICIAN'S NAME

776. SIGNATURE

23c NAME OF CEMETERY OR CREMATORY
Baltimore Cemetery

DEGREE

22e. ADDRESS

5 200

Baltimore,

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Md .

22c. DATE SIGNED

Wm C<sup>AM</sup>March F/H Inc. 1101<sup>ADOMES</sup> North Ave.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE MAY 4 9 1985

FISH AM, OTUAB; 3HA GUTERS

DELVI	INFIAI OI	LIENTE	HAIND	MEIALM	. 11101	Distance of
AEDICAL	EXAMIN	IER'S	CERTI	FICATE	OF D	BATH

1		1.5	0	
REG. NO.	0	7	0	

	GISTRAR		7716	DICAL EXAMIN	ILK 3 GERII	I GAIL OI		REG. NO.			
TYPE O	ASED NAME	FIRST		MIDDLE	LAST		20 DATE K	NOWN MO	NTH DAY	YEAR	2b. HOUR
		STEPHEN		Α.	LUCK		DEATH		5 27	1985	
SEX	4. RA		ATE OF BIRTH	6. AGE (IN YE	ARS IF UNDER 1 Y		HRS. 2c. DATE	MOR	NTH DAY	YEAR	2d HOUF
MAI			08-02-	66   18 v	RS.	S ROUKS	DEAD		5 27	1985	5:32
FOREK	HPLACE (STATE OF	76	CITIZEN OF WI	HAT COUNTRY?	8. MARRIED	NEVER MARRIED	N 9 BALTIMO	RE CITY OR CO	OUNTY OF D	PEATH	
	LEWARE		INITED	STATES	WIDOWED [	DIVORCED	□ Balti	more Ci	ty		MD
INC.PY	OR TOWN OF DE	EATH III.		PITAL, NURSING HOM	E, OR OTHER INST	ITUTION	20 USUAL OCCUPA			ND OF BU	
Ba	ltimore		niversi	ty Hosp. (	STU) (DX	(A)	STUL	ENT	C	OLLE	GE
Ja STA	RESIDENCE (IF IN IN	INC COUNTY	ER INSTITUTION, GI	VE RESIDENCE BEFORE ADMISS	13d. INS	DE CITY LIMITS?	3e STREET ADDRES	S			
MD		A.A.		ARNOLD	YES	NO DX	472 RUI	H RD.	/ 211	012	
	IER'S NAME	1	אוני	last	15 MC	THER'S MAIDEN	NAME	DOLE		LAST	
	FREPHEN	]		LUCK		CHARLE	PTE		R	ENO	
	S DECEASED EVE	R IN U.S. ARMED		166. SOCIAL SECURIT		DRMANT		ADDRESS		-	
	NO	-	***	214-86-	5047 M	R. PAUI	KOEHLE	ER (S	AME A	AS 1	3)
7 11	. CAUSE OF DEA	ATH (Enter only on WAS CAUSED BY:	e cause per line	far (a), (b), and (c).)						PPROXIMATE VEEN ONSET	
	7384		AUSE (a)	ranio-cerel	oral trai	ıma					
	0 -0 /		DUE TO, OR	AS A CONSEQUENCE	OF						
	C 10 11										
	Canditians, if	immediate	(b)								
		immediate ng the <u>under-</u>	(b) DUE TO, OR	AS A CONSEQUENCE	OF		1				
	gave rise to cause (a) statin ying cause las	immediate ng the <u>under-</u> t.	(c)								
	gave rise to cause (a) statin ying cause las	immediate ng the <u>under-</u> t.	(c)	AS A CONSEQUENCE		ITION GIVEN IN PART	1 10				
	gave rise to cause (a) statir lying cause las	immediate ng the <u>under-</u> t.  NT CONDITIONS CONTR	(c)	BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COND		1 (0)				
	gave rise to cause (a) statin ying cause las	immediate ng the <u>under-</u> t.  NT CONDITIONS CONTR	(c)		AINAL DISEASE OR COND		1 (0)			AUTOPSY?	
TIFICATION	gave rise to cause (a) static lying cause las  ART 2 OTNER SIGNIFICA  Do. DATE OF OPER	immediate ng the <u>under-</u> 1.  ENT CONDITIONS CONTR	(c)  IBUTING TO OFATN  19b. COND1	BUT NOT RELATED TO THE TERM	AINAL DISEASE OR (DND	ORMED?	38		Y	AUTOPSY?	мо 🗆
CERTIFICATION	gave rise to cause (a) static lying cause las ART 2 OTNER SIGNIFICA  Do. DATE OF OPER  O. EXTERNAL CAINDERLYING	immediate and the under-  I.  INT CONDITIONS CONTR  RATION  USE WAS	19b. CONDI	BUT NOT RELATED TO THE TERM  TION FOR WHICH OPER  FINJURY  MONTH DAY YEAR	RATION WAS PERF	ORMED?	ENTER NATURE OF INJU		OR PART 2)	res 🔀	№ □
CERTIFICATION	gave rise to cause (a) static lying cause las ART 7 OTNER SIGNIFICA  De. DATE OF OPER  DE. EXTERNAL CANDERLYING  ONTRIBUTING	immediate and the under-  I.  INT CONDITIONS CONTR  RATION  USE WAS  OR  CAUSE OF DEAT	196. CONDITIONS OF THE	BUT NOT RELATED TO THE TERM  TION FOR WHICH OPER  FINJURY  MONTH DAY YEAR  5-27- 198	RATION WAS PERF	ORMED?  JRY OCCURRED  fell o	38		OR PART 2)	res 🔀	№ □
DICAL CERTIFICATION	gave rise to cause (a) static lying cause las ART 2 OTNER SIGNIFICA  Do. DATE OF OPER  O. EXTERNAL CAINDERLYING	immediate ng the under  I.  INT CONDITIONS CONTR  RATION  USE WAS  OR  I CAUSE OF DEAT  RRED	19b. COND1  19b. TIME OF HOUR \$20  4 1 7 P.M.  21e PLACE C	BUT NOT RELATED TO THE TERM  TION FOR WHICH OPER  FINJURY  MONTH DAY YEAR  5-27- 198	RATION WAS PERF	ORMED?  JRY OCCURRED  Fell o	ENTER NATURE OF INJU	was st	OR PART 2)	oy bo	№ □

DHMH - 17 (VR A15 ME (5))

230. BURIAL, CREMATION, REMOVAL 236 DATE

Natural causes

Ann M. Dixon, M.D.

234. NAME OF CEMETERY OR CREMATORY

Accident X

23d. LOCATION

Assistant MEDICAL EXAMINER

Undetermined manner

111 Penn St., Balto., MD 21201

Hamicide \_\_\_\_

TITLE (SPECIFY)

MD

5-28-85

24 FUNERAL DIRECTOR

EXAMINER'S NAME

death resulted Iram:

SEVERNA PARK, MD. 21146

BARRANCO F.H.

675 0165

x 492 BUILTIN 7D. / 21012

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FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		- 4	-
REG	NO		

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME - FIRST, (TYPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONT	DIA
LINDA	DARLENE	LUMPKIN	95	31 85 3(U/m
1 SEX F	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN. YRS.
70. BIRTHPLACE (STATE OR FOREIGN MARYTAND	76. CITIZEN OF WHAT COUNTY	TRY? 8 MARRIED NEVER MARRIED WIDO WED DIVORCED	9 BACHMORE CITY OR CO	
BALLAMORE	UN (VWS) &	x of Maryland	126 USUAL OCCUPATION FOR MOST OF WOR ODD JOBS	IZB. KIND OF SUSINESS OR INDUSTRY
USUAL RESIDENCE (IF MURSING HOME 136 STATE	OR OTHER INSTITUTION GIVE RESIDENCE E	THE YES IN NO	1238 W. LON	CODE MBARD STREET, 21223
14 FATHER'S NAME	MIDDLE S WILLS	15. MOTHERS MAIDEN	ine Middle	Highes
160 WAS DECEASED EVER IN U.S. A (YES, YOR UNKNOWN) (IF YES, C	RMED FORCES? 166 SOCIALS GIVE WAR OR DATES) 214-5	54-2698 Pauline	ViH - 1238 W. La	Mbard St. Bult. 212
PART I. DEATH WAS CAUS	only one couse per line for (a), (b) SED BY: ATE CAUSE (a)	Lau arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse last.	DUE TO, OP AS A CONS (b) ON Y  DUE TO, OR AS A CONS	erm electrolyte	imbalances	waste and colle
PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TO	ERMINAL DISEASE OR CONDITION	ON GIVEN IN PART II.
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WI	HICH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
OR CONTRIBUTION CONTRIBUTION	HOUR A.M. MONTH		CURRED (ENTER NATURE OF INJURY IN II	EM 18 PART I OR PART 2]
VILLE NOT WHILE AT WORK	21e. PLACE OF INJURY	21f. LOCATION	CITY OR TOWN	COUNTY STATE
sow the Degrayed glore of	ottended the deceased fr	(1 d)	ion death occurred on the date or	nd hour and from the causes stated
228. SIGNATUR	De 3. Ch	DEGREE ATTENDING PHYSICIAN	G MEDICAL STAFF	225, DATE SIGNED 05/31/85
224 PHYSICIAN'S NAME (TYPE	F. BARR	MO Luiv, of 1	nd. Dept. of 1	hed, Bakinse
230 BURIAL, CREMATION, REMOVE BURIAL	23b. DATE 06-03-85	CREST LAWN MEM. GA	CITY OR TOWN	ILLE HOWARD MD.
24 FUNERAL DIRECTOR NAME HUBBARD FUNERAL	HOME, INC. 410	ESS ZIZZJ	DATE REC'D, BY REGISTRAR 256, F	REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21701

TO FUNERAL DIRECTOR: BP.

DHMH - 16 50M 4/B3 (VRA 15, 4)

, the buriol-transit permit. Then please in and Mental Hygiene prior to burial, cr Item 18 shows

MPORTANT: If hem 21 should be detached for with the State Dept. of I

A Charle Linder & with Liverpein all the fire is a sport FORETH BUT I WELL OF MARGINAL TORD IN HATHINGED Detroit of the control of the contro MARIES - S WITH PRESENCE IN THE SCENE true the state of the least in the least in the least in the state of the least Continue Control tour for a circulation of the motor during the charact invade on low reprobably de 3 the war war and per A SE STATE THE DILLE OF HER COME OF SHEET FREE SHEET CHARLES COURT LINE TO LES LA CALL TOURS TOURS TOURS THE SERVICE AND THE PARTY OF THE STATE OF T

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ond 2 should be filed with

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the buriol-transit permit. Then please remove carbanpopers. Pages ond 2 should be thed with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or removal.

## FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	3	9	8	3

REGISTRARIZE REGISTBAR'S SIGNATURE

25a DATE REC'D

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST		AY YEAR 2b HOUR
Irv:	in D. Lutz		May 20, 1985	11:45B
3. SEX	4 RACE	5. DATE OF BIRTH		F UNDER I YEAR F UNDER 24 HRS
Male	Caucasian	May 27, 1919	65 yrs. YRS.	ONTHS DAYS HOURS MIN.
Md.	76. CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIED WIDOWED DIVORCE X	9. BALTIMORE CITY OR COUNTY	
Baltimore	LIF NOT IN SUCH FACILITY, GIVE STREE		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Truck Helper	12b. KIND OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE DUNTY 136. CITY OR TOVE Balt	VN 136. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 2835 Erdman A	Avenue 2121
Daniel Lutz	MIDDLE LAST	Bertha Hy	lock	LAST
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) LIFYES,	GIVE WAR OR DATES)		ADDRESS	
yes Fel	o. 1941 215-10	-7718 Patricia	L. Mason same	address
	only one cause per line for (a), (b), o	nd (c).1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAU	JATE CAUSE (a) CARDIO	QUEMBNAAY.	HEREST.	SMIN
	oma of TH.	DEATH BUT NOT RELATED TO THE TER		
19a, DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING		H OPERATION WAS PERFORMED	YES NOW YES	
OR CONTRIBUTION TO CAUSE OF	DEATH HOUR A.M. MONTH D	216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)
WHILE ONT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	CITY OR TOWN	COUNTY STATE
	spital) attended the deceased from.	77, 19 55, and that in (my) (our) opinion	n death occurred on the date and hour	9_FJ, that (I) (we) last and from the causes stated
17h SIMMATURE	in Bal	DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAFF DIRECTOR   PHYSICIAN	May 22, 1985
Dr. Bitti		8100 Harf	ord Road	
230. BURIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMATORY reenmount		COUNTY STATE

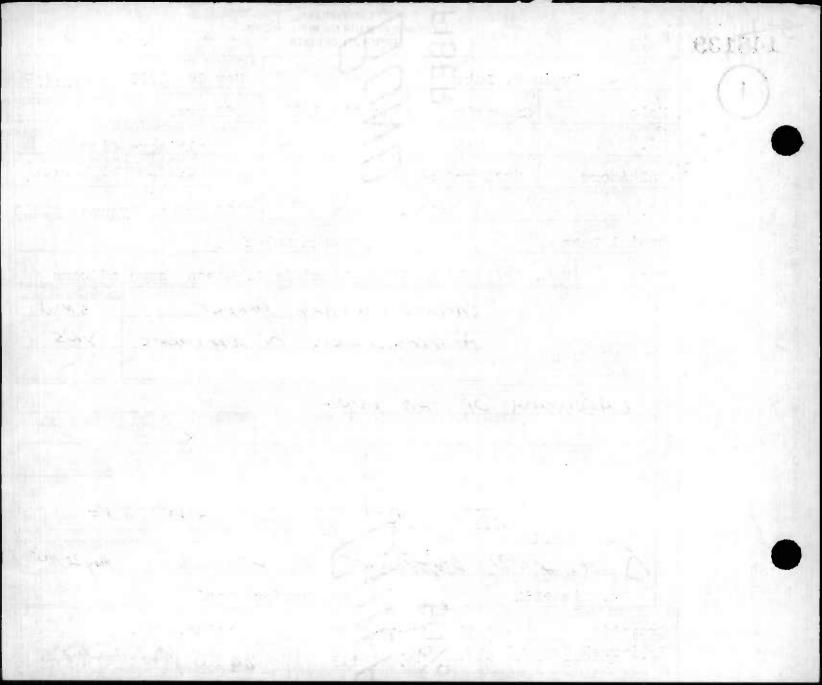
21213

DHMH - 16 50M 4/83 (VRA 15, 4)

<sup>74</sup> FUNERAL DIRECTOR Funeral Home, Jnc. 3331 Brehms Lane, Balto. Md.

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESTRY EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1.2. AND 3 TO THE FLICEAL DRAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. BITAIN PAGE 5. WITH THE STATE DEPARTMENT OF A BURIAL "TRANSIT PERMIT PAGES MAND 2 SHOULD BE FILED MIDELY AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE DIVISION OF UTAL RECORDS ON WESTING BATTIMORE. MARKYLAND, 21201 PRIOR TO BURIAL. CREMATION, OR REMOVAL
	CAL EXAM THE CERTIF SHOULD BI RAL DIREC ATH, WITH RE, MARY!
	TO MEDI EXECUTE PAGE 4 TO FUNE AFTER DE BALTIMO

VEQ12	TRAR	MED		R'S CERTIFICATE	OF DEATH REG.	5 9 8 4
1. DECE ASE (TYPE OR PRI	Charl		WIDDLE	Lynch	OF ESTI- DEATH MATED	5/ 10/19 85
Male	4.RACE White	5. DATE OF BIRTH MONTH DAY  9-27-33	YEAR LAST BIRTHDAY) 51 YRS.	MONTHS DAYS HOURS	MIN PRONOUNCED DEAD	5/ 10/19 85 A
Balt	CE (STATE OR DUNTRY)  O, Md.	USA			RIED   9. BALTIMORE CITY   CED   Baltimore     Baltimore   Baltimore     Baltimore   Baltimore     Baltimore   Baltimore     Baltimore   Baltimore     Baltimore CITY     Baltimore CITY	City N PE OF WORK 178 KIND OF BUSINESS
Bald USUAL RESI	LIMOTE DENCE (IF IN MURSING HOME	114 S. M	ILITY, GIVE STREET ADDRESS)  OUNT St.  RESIDENCE BEFORE ADMISSION)		FOR MOST OF WORKING LIFE)	OR INDUSTRY
Md.	13b. COUP	NTY	Balto.		114 S. Mount	.St. 21223
	harles	Lynch	LAST	IS. MOTHER'S MAIL Bertric	ee Lynch	LAST
I 66. WAS DE {YES, NO, C		RMED FORCES? E WAR OR DATES)	216-28-5197		Lynch 35I S. Ft	
18 C	AUSE OF DEATH (Enter of	nly one cause per line f ED BY: ATE CAUSE (a)	or (o), (b), ond (c).) Marcotis	sin -		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
PART 2		DUE TO, OR A  (c)  (C)  (C)		L OISEASE OR CONDITION GIVEN IN P	ART 1 to	
CERTIFICATION 13 of 1	ATE OF OPERATION	196. CONDITI	ON FOR WHICH OPERAT	ION WAS PERFORMED?		20 AUTOPSY?  YES X NO
<b>≅</b> 21. €	XTERNAL CAUSE WAS	411 71. 7 0.7				IES AL NO
	RLYING OR TRIBUTING CAUSE OF	DEATH P.M.	MONTH DAY YEAR		RED (ENTER MATURE OF INJURY IN ITEM TE	
CON	RLYING OR	DEATH P.M.	MONTH DAY YEAR	21c. HOW INJURY OCCURE 21f. LOCATION STREET	ED (ENTER NATURE OF INJURY IN ITEM TE	S PART T OR PART 2)
WEDICAL NO.	RLYING OR RIBUTING CAUSE OF UJURY OCCURRED E NOT WHILE ORK AT WORK  E Certify that I look chan h resulted from Nature	DEATH P.M.  21e PLACE O STREET, FACTO	MONTH DAY YEAR  19 FINJURY (AT HOME, DRY, FARM, ETC.)	Autopsy XX. Inspective	CITY OR TOWN	S PART T OR PART 2)
WEDICAL MEDICAL MEDICAL MEDICAL MAT W TAT	RELYING OR IRIBUTING CAUSE OF NJURY OCCURRED E NOT WHILE ORK AT WORK  A LCENTY that I look chan here when trend	HOUR A.M. P.M. 21e PLACE O STREET, FACTO pe at the remains deve	MONTH DAY YEAR  19 FINJURY (AT HOME, MY, FARM, ETC.)  And plave, held an  Suicid	Autopsy XX. Inspective	CITY OR TOWN  an , Inquiry , a  Undetermined monner ,	COUNTY STATE

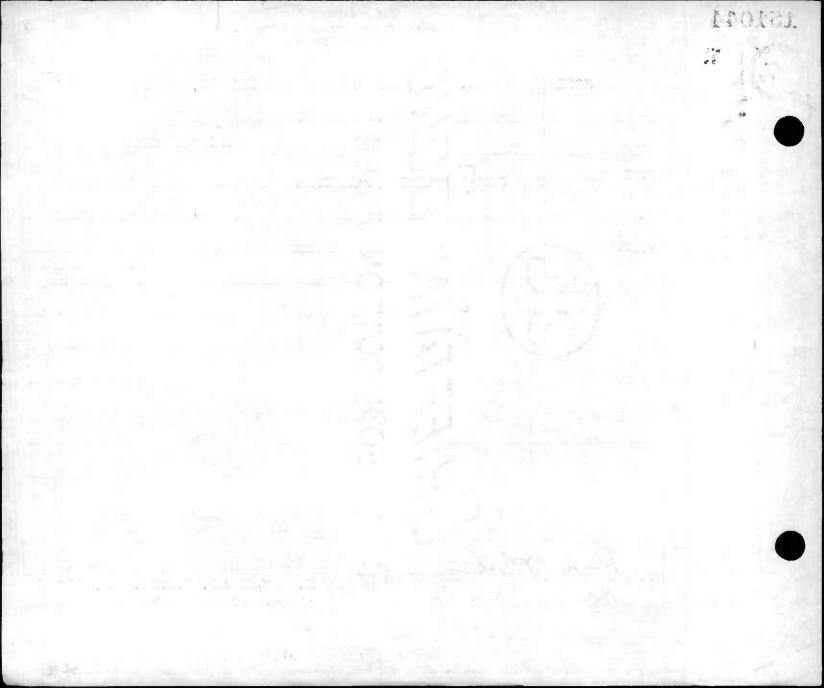
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151044	1	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5						
0/1		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DE	ZB TIOOK L			
( U.S.)		JOSEP	H A.	MACHECK	MAY 25 1985	9:38 <sub>M</sub>			
	3 SE		4. RACE	5. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS			
-1-1-		Male	Caucasian	Feb.21,1902	83 YRS				
<b>学</b> 校	Zo. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT		9 BALTIMORE CITY OR COUNTY				
		Maryland	USA	WIDOWED TO DIVORCED	BALTIMORE CI	ry <sub>MD.</sub>			
the the	10	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME OR OTHER INSTITUTION REET ADDRESS)	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY Bank			
- C	1	BALTIMORE	THE JOHNS HO	PKINS HOSPITAL	Office Worker	1st Nat'1			
The state of the s	13a	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BI	FORE ADMISSION)  13d INSIDE CITY LIMITS:	13e.STREET ADDRESS / ZIP CODE				
AN STATE		Md. ==	Balt	imore YES NO [	3656 Dudley A	ve. 21213			
RYL min min	14. F.	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN	NAME	LAST			
W p m		Frank	Machec		Bal	at			
ore second secon		WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCIALS	ECURITY NO. 17 INFORMANT	ADDRESS Bal	to, Md.21213			
TIMOI Du and S. Page		No	217-1	4-1154 Dolores H		O Kentucky I			
v ST., BALTIN certificate be ng physician banpopers. F remayal.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b)	, and (cr.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
sT., rtific physical empe			TE CAUSE (a) Card	opulmmeny ares		5 marsky			
ON S refine or re			DUE TO, OR AS A CONSE		3				
death ettend and trans, a trans, a coumai		Canditions, if any, which	( b) Uros	بمدته		12 hours			
hat the death certificate betweended within 24 hours, by the attending physician and complete filled if the assert remove corban papers. Pagest and 2, should be fill, cremotian, ar removal.  Other troumatic event, the medical exemine in this behavior.		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE	OUENCE OF					
equires the signed. Then ples to buria	No	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	rminal disease or condition give	N IN PART 110			
DIVISION OF VITAL RECOROS,  NG PHYSICIAN: The law requir to attending physician. The this certificate has been sig as the burial-transit permit. Then th and Mental Hygiene prior to b arked ar them 18 shaws any injury	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?			
VITA N: Th nysicid cote ronsit Hygie	1 1	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21¢ HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM IB PAI				
Phy phy phy niffic all the phy		OR CONTRIBUTING CAUSE OF DE		DAY YEAR					
ONO HYSIC Iding is certificated when the partition of the part the partition of the partiti	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	P.M.  21e PLACE OF INJURY	211 LOCATION					
/ISIK	AE	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC ) STREET	CITY OR TOWN	COUNTY STATE			
Afte ess		AT WORK AT WORK	it)) attended the deceased fro	m Anil 28 10 88	10 May 25	286			
R ATTENIEN Propriet INECTOR: hed for us ept. of Hem tem 21 is used.	12	sow the deceased alive on abave, (I) (we) (did) (did no		9_85, and that in (my) (aur) opinio	on death accurred an the date and havr				
OR O		22b. SIGNATURE	201	DEGREE	MEDICAL CTAFF	22t. DATE SIGNED			
		Rak.	Yant	MA ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	5/15/85			
A Se E		224 PHYSICIAN'S NAME (1991)		22e ADDRESS N.	WOLFE ST. BALTO	MD. 21205			
O HOSPI		MARTIN	V, WON K	600	ins Haking Ita	luins			
7 € ₹ ₹ ₹ ₹ <u>₹ </u>		BURIAL, CREMATION, REMOVAL (SPECIFY)	23h DATE 2	3c NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION CITY OF TOWN	COUNTY STATE			
BP		Burial	5/29/85	Holy Redeemer	Balto, Md.	COOMIT STATE			
DHMH - 16 60M 7/84	24 F	UNIFORM DIRECTOR	Ra	10/ 0	ATE REC'D. BY REGISTRAR 256 REGISTR				
(VRA 15, 4)		SCHIMUNEK FUN	ERAL HOME, 33	lto, Md.21213	1AY 2 8 1985 Guna De	rijden Render			



FOR STATE REGISTRAR

## DEPARTMEN

STATE OF MARYLAND	60.	1-1-	1	~2	4	8	6
T OF HEALTH AND MENTAL HYGIENE	8	5	1	V	-		
ERTIFICATE OF DEATH		250 110	,				

		CEASED NAME	FIRST	٨	AIDDLE	ı	AST	20 DATE OF DEAT	H MONTH	DAY YEAR	2h HOUR
	(TYPE	OR PRINT)	ARTHUR		F.	MAC	HEMER		5 7	26 85	1:25a M
1987	3. SEX	M		RACE W		5. DATE C		6 AGE (IN YEARS LAS	YRS	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
3	PE	RTHPLACE (STATE OF	NIA	U.S	S.A.	MARRIE	The same of the sa	DATITION		TY	MD
3		BALT IMORI	E	LOCH	RAVE	TREET ADDRESS)	HOSP.	COLLECT		INDUSTRY	R.S.
E	*13a. S	MD.	13b COUNT		BAL	TOWN	13d. INSIDE CITY LIMITS	2906	SS ZIP COI	WICK A	21234 VE.
0	14. FA	THER'S NAME	EPH	MACH		3		NNIE GA	KILL	LAS	.1
/		VAS DECEASED EVE ES, NO OR UNKNOWN) ES		WAR OR DATES)	166 SOCIALS	9-8206	INFORMANT		- 29C	6 Bern	21,234 rch Gr
		18 CAUSE OF DEA PART I. DEATH	WAS CAUSED	BY:	1.	ondicion pulmonari	arrest				imate interval onset and death
	NO	Conditions, if on gove rise to in couse to i, sto underlying cau	nmediate ting the se last	(b)	AS A CONSI	eouence of enal fai	failure Lute NOT RELATED TO THE TO	ERMINAL DISEASE OR C	ONDITION C	days days	0
1	CERTIFICATION	19a DATE OF OPER	-		tion for who		N WAS PERFORMED	20a AUTOPSY?	IN CERT	YES, WERE FINDIN TIFYING CAUSES YES [	
9	MEDICAL CER	21a. ACCIDENT WAS U OR CONTRIBUTING  (IF EITHER NOTIFY ME 21d. INJURY OCCU  WHILE AT WORK	CAUSE OF DEATH DICAL EXAMINER) RRED	P./ 21e. PŁACE (	M. MONTH M. Mid DF INJURY EET, FACTORY, OF	DAY YEAR APT 19 FICE, FARM, ETC.)	_			B PART I OR PART 2)  COUNTY	STATE
		22a.1 certify that X (this hospital) attended the deceased from MAY 1 19_85 to MAY 26 19_85 th XXII (we) lost sow the deceased alive on MAY 26 19_85 and that in XXIII (our) opinion death occurred on the date and hour and from the causes stated above, X (we) (did) (dy Xat) view the body after death.									
		22d. PHYSICIAN'S I	V Shall A				ATTENDING PHYSICIAN  122e ADDRESS	G MEDICAL N DIRECTOR PH	STAFF	220 DATE	6/85
		S.Ma	ushella	1D t	the of c		225. Greene	St. Baltimore	e Md.	20201	
	(:	URIAL, CREMATION SPECIFY BURN		5-29			M'S CH. OF CH	23d LOCATION CITY OF TOW A TOWN DATE REC'D. BY REGISTI	CING S	PRINGS	PA.
			Her Fe	WERA!	Hone	7527H	reford Rd	MAY 2 8 1985		JUDI COMPANY	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

IMPORTANT: If Item 21 is

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physics should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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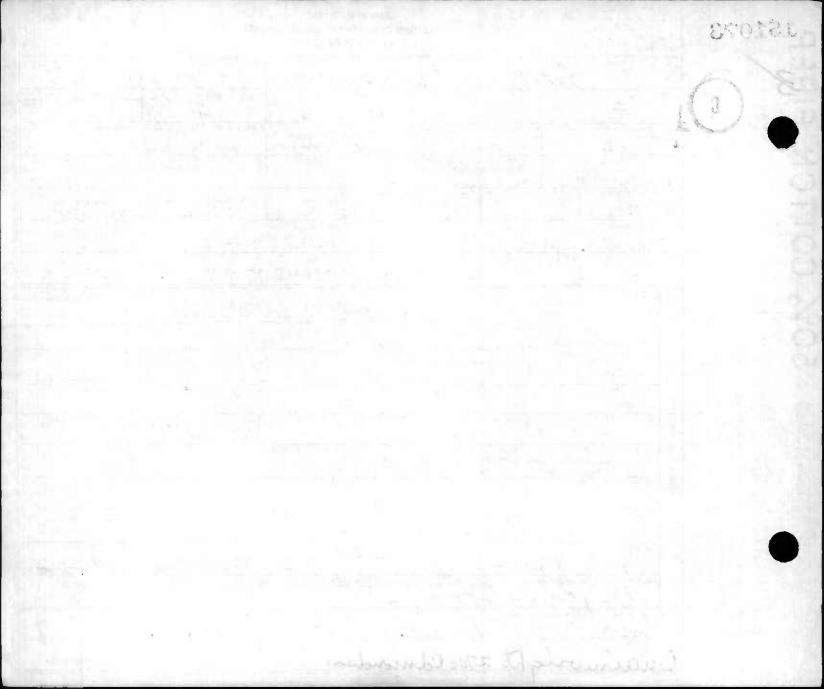
STATE OF MARYLAND	43
DEPARTMENT OF HEALTH AND MENTAL HY	GIENE
CERTIFICATE OF DEATH	
TAST	2- DA

1-	FOR STATE REGISTRAR			DEPARTM		FICATE OF DEATH	HYGIE	REG. NO	D.			
	CEASED NAME OR PRINT)	Ben	tha	MIDDLE MO	ck	enney			HTHOM	DAY YEAR	2b HOL	Z M
1. SE	F		RACE 13		5. DATE (	H DAY YEAR		AGE (IN YEARS LAST BIR	YRS.	MONTHS DAYS	HOURS	R 24 HRS MIN.
4	RTHPLACE I STATE OR I		U.S.	WHAT COUNTRY?	WIDOW			Baltimo  Baltimo	re Ci	ty	or aucini	MD.
3	alto I	LD.	Luthe	ran Ho	DDRESS)	OK OTHER INSTITUTION		(TYPE OF WORK FOR MOST O		FE) INDUSTRY		ESSOR
130 5	MD	13b COUN		131. CITY OR TOWN		13d INSIDE CITY LIMITS		3e.STREET ADDRESS	zip codi	Iton 2	live	7_
160 V	eorge C.	Fai		LAST	HTY NO.	15. MOTHER'S MAIDEN FIRST Vironi 17 INFORMANT		Williams Addre	SS	LA	51	
(	no or unknown)	(IF YES, GIVE	WAR OR DATES)	21307	4539	Madeline	Pu	llen 702	N. C	arrol	1 to	n Av
CERTIFICATION	Conditions, if ony, gove rise to immacouse (a), stofin underlying couse PART 2. OTHER SIGN	nediate ng the last.	DUE TO, OI		NCE OF	NOT RELATED TO THE T	TERMIN	200 AUTOPSY?	20b. IF YE	/EN IN PART 1	NGS USE	D TH?
CERTI	210. ACCIDENT WAS UNE	DERLYING	21b TIME O			21c HOW INJURY OCC	CURRE	YES NO NO D (ENTER NATURE OF INJUR	YE TY IN ITEM 18 I		NO [	
MEDICAL	OR CONTRIBUTING (IF EITHER NOTIFY MEDICAL STATEMENT OF THE NOT	CALEXAMINER) RED  SILE  (this hospital ed aby an a	21e PLACE ( (AT HOME STR  all) oftended the	M.  DF INJURY  BET, FACTORY, OFFICE FA  e deceosed from	RM. ETC)	211 LOCATION STREET  19  nd that in (my) (our) apir DEGREE  ATTENDIN PHYSICIAI	nion de	CITY OR TO	wn de ond hou	COUNTY	that (l) (	
	MUS MUS	ME SINION	Ges.	coron	_	22e ADDRESS						
	BURIAL, CREMATION, SPECIFY) BUTIAL JUNERAL DIRECTOR NAME	REMOVAL	23b DATE 5/31	/85 13i. N			DATE	23d LOCATION CITY OF TOWN TRUTEL, REC'D. BY REGISTRAR	Lid.	COUNTY		STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and c should be detached for use as the burial-transit permit. Then please remove carbompopers. Pages with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal. IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumotic event, the



injury, ar ather troumatic event, th

hed or her

## STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG.	NO

Ł	- REGISTRAR					REG. NO.				
1	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	L	AST		20 DATE OF DEATH MONTH DA	Y YEAR	26 HOUR		
	Irma	N.		enhofer		MAY 15	85	4:03Pm		
P	1. SEX 4.	RACE	5. DATE C		YEAR		UNDER I YEAR	IF UNDER 24 HRS HOURS AIN.		
ı	F	. W	1	13	19	66 YRS				
1		CITIZEN OF WHAT COUNTRY?	8 MADDIE	D NEVER MA	RRIED 💌	9 BALTIMORE CITY OR COUNTY O				
1		UŞA.	WIDOWE	D DIVO	RCED 🔲	Baltimore City	·	MD.		
1	Baltimore	I. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A St. Agnes Hos	ADDRESS)	R OTHER INSTIT	UTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) 11b. KIND OF BUSINESS OR 11rust Co.				
	USUAL RESIDENCE (IF NURSING HOME OR OTH 138. STATE 138 COUNTY Maryland Balti	Y 13c. CITY OR TOWN	N	13d. INSIDE CITY	LIMITS?	13e.STREET ADDRESS / ZIP CODE 5539 Oregon Ave	e. 212	227		
		DDLE LAST		15. MOTHER'S A	ST	ME	LAST			
1	George	Magenhofer		Edn	a		Hau	ıck		
7	160 WAS DECEASED EVER IN U.S. ARME		RITY NO.	17. INFORMAN	Г	ADDRESS				
	NO	215-01-49	998	Edna A.	Mager	nhofer 5539 Oregon	Ave.	21227		
	18. CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED E	BY:	umla	The Thomas	letim	V Carden arest	BETWEENO	MATE INTERVAL INSET AND DEATH		
١	Condition of a second	DUE TO, OR AS A CONSEQUE		Mura	1.6	an kustin				
١	Conditions, if any, which gove rise to immediate	107		Julian	Market Co.	- Comme				
ı	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	nce of rona	wat	00	- Lucian				
ł	PART 2 OTHER SIGNIFICANT CO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO RELATED TO JETERMINAL DISEASE OR CONDITION GIVEN								
ı	NO		Ber	mys &						
1	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	CH OPERATION WAS PERFORM			20a AUTOPSY? 20b. IF YES, 1 IN CERTIFYI YES NO YES	WERE FINDING NG CAUSES (	GS USED OF DEATH?		
1		216. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJU	RY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T   OR PART 2]			
1	JIF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19							
1	OR CONTRIBUTING CAUSE OF DEATH  JIF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM ETC )	21f LOCATION STREET	If LOCATION STREET CITY OR TOWN			STATE		
ı	WHILE NOT WHILE AT WORK		-							
١	220 I certify that (I) (this haspital	l) attended the deceased from	0-	.72	19.65	, to		hot (I) (we) last		
ı	The second secon	view the ligary after death.			<del>ur} o</del> pinion d	death accurred on the date and hour o	271. DATE 5	auses stated		
ı	77H SIGNATURE	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								
H	THE PHYSICAN'S NAME IT OF	The state of the s	7070	22e ADDRESS	YSICIAN	DIRECTOR   PHYSICIAN	10/1	100		
	Harry Knipp MD.			5411		rederick Rd. Suit	te 20	21229		
	23a. BURIAL, CREMATION, REMOVAL (SPECIFY)			EMETERY OR CR			COUNTY	STATE		
1	Burial	5/18/85 Lo		e Park C	em.	Woodlawn Balt	imore	Md.		
J	24. FUNERAL DIRECTOR NAME	ADDRESS	212		MAY	E REC'D. BY REGISTRAR 256. REGISTRA	R'S SIGNATU	JRE		
1	Hubbard Funeral Ho	ome, Inc. 4107	Wilke	ns Ave.	-	- 1000	ison-han	Indiac.		

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 50M 4/83 (VRA 15, 4)

Liferation of the second second

The state of the s

STATE OF MARYLAND DEPARTM

MAHER

03

MARRIED NEVER MARRIED

5. DATE OF BIRTH MONTH

09

WIDOWED X

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

ENT	OF	HEA	HT	AND	MENTAL	HYGIENE &	0
CEI	RTI	FIC	ATE	OF	DEATH		REG

21

REG. NO.						
20 DATE OF DEATH MONT	Н	DAY	YEAR	26 HOUR		
0	5.	07	85.	10:4	5P A	
6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR		FUNDER 24 HRS		
63	YRS	MONTHS	DAYS	HOURS	MIN.	
9 BALTIMORE CITY OR CO	UNT	Y OF DE	ATH			
BALTIMORE C	IT	Y			ME	
12a USUAL OCCUPATION		12h	KINDO	F BUSINE	SSOR	

BALTIMO	RE	ST.			SPIT
130. STATE	(IF NURSING HIDE OF		GIVE RES		

BALTIMORE

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)

IMMEDIATE CAUSE (0)

4 RACE

13d INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME

13e.STREET ADDRESS / ZIP CODE 140 NUNNERY LANE, 21228

TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY

RECEPTIONIST

FATHER'S NAME FIRST JOHN

FEMALE

BIRTHPLACE (STATE OR FOREIGN

CITY OR TOWN OF DEATH

**PENNSYLVANTA** 

MARYLAND

- STATE REGISTRAR DECEASED NAME PE OR PRINTI

COUNTRY

1. SEX

HARDIMAN 16b SOCIAL SECURITY NO

MARTE

WHITE

7h CITIZEN OF WHAT COUNTRY

U.S.A.

MARY 17 INFORMANT

JEROME C. MAHER

HOPATCONG, N.J. 124 BYRAM BAY ROAD

WAS DECEASED EVER IN U.S. ARMED FORCES? LIF YES GIVE WAR OR DATES! NO

PART I. DEATH WAS CAUSED BY:

JANE

165-20-7121

CATONSVILLE

MYOCARDIAL

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

HOSPITAL

JUDGE

Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse last

HRUM BUS

RIBHT

CURUNARY ARTER

NOL

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

(ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

28a AUTOPSY

21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS 21d IN JURY OCCURRED

WHILE NOT WHILE

HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY

(AT HOME STREET FACTORY OFFICE FARM, ETC.)

21b. TIME OF INJURY

21 LOCATION

220.1 certify that (1) (this hospital) attended the deceased from. sow the deceased alive on\_ above, (1) (we) (did) (did not view the body after death

PHYSICIAN

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES P

MICHAEL E. PELCZAR, M.D.

DEGREE

22e ADDRESS

MEDICAL STAFF DIRECTOR PHYSICIAN

, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

226 PHYSICIAN'S NAME (TYPE OF PRINT)

ST. AGNES HOSPITAL 23d LOCATION

230 BURIAL, CREMATION, REMOVAL BURIAL

23c. NAME OF CEMETERY OR CREMATORY LOUDON PARK

CITY OR TOWN BALTIMORE CITY

MARYLAND

24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

80

MPORTANT

th the S

DHMH - 16 60M 7/84 (VRA 15, 4)

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

23b DATE 05-11-85

21229

grant to be the transit and the state of the state of The state of the contract test in the state of the state FOR - STATE

## executed within 24 hours ofte DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and coi should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The etoined by the hospital

BP. DHMH - 16 50M 4/83

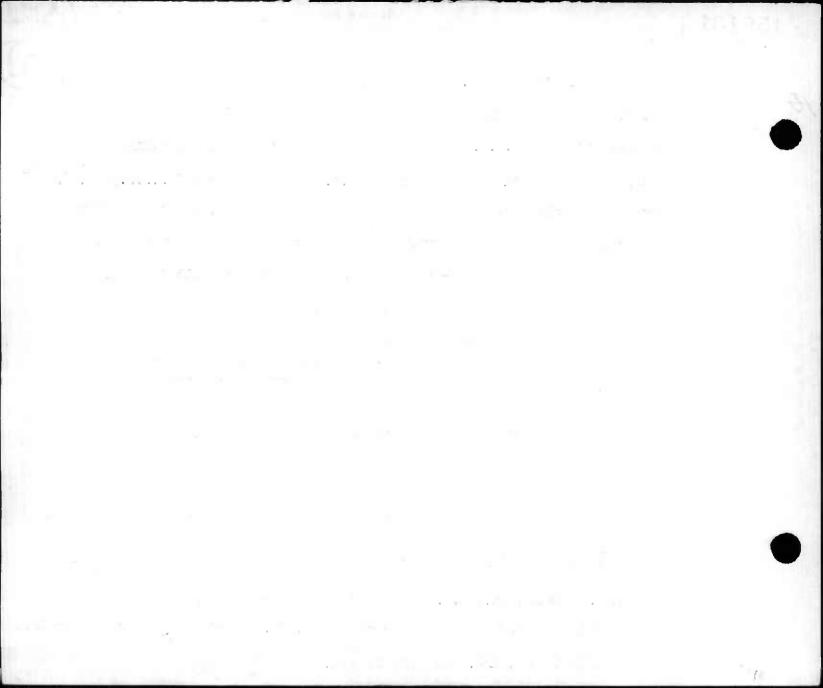
(VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 stows ony injury, or other froumatic event, the

## STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIFICATE OF PEATIF			REG. NO.					
		CEASED NAME	FIRST		WIDDIE	U	AST		2a. DATE C	FDEATH MOP	NTH DAY	YEAR	2b. HOUR
		OR PRINT)	MART		0.		ISEL		4 405	0.5		85	10:31P M
n.d. France	3. SEX	(		4 RACE		5. DATE O	DAY	YEAR	6 AGE (IN	YEARS LAST BIRTHDA	MON	NDER I YEAR	HOURS MIN.
er part		FEMALE		TIHW	E	6	5	23	61		YRS.		
1	7a. BIF	RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY	8.	□ NEVER A	AARRIED	9 BALTIM	ORE CITY OR C	OUNTY OF	DEATH	
4	1	[ndianapol		U.S.		WIDOWE	D Dr	VORCED 🔼		ALT IMORI			MD.
7	10. CI	TY OR TOWN OF DE	ATH /		HOSPITAL, NURSI CH FACILITY, GIVE STREE		R OTHER INST	TITUTION	(TYPE OF WO	L OCCUPATION ORK FOR MOST OF WO	ORKING LIFE)	INDUSTRY	St. Agne
	7	ALTIMORE			GNES HOS		E.R.		Seci	etary(E	.K.G.		osp.
5	13a. S	AL RESIDENCE (IF NUR STATE Laryland	LU COUN		13c CITY OR TOV	NN	13d. INSIDE C	ITY LIMITS?	13e STREET 5540	ADDRESS / ZI Gaylan	code d Road	d 21:	227
5	14. FA	THER'S NAME	(i)	14.7	LAST		15. MOTHER'S	MAIDEN NA	ME				
20	1	Oran		MIDDLE	Patri	ck	L	aura	Lou	MIDDLE	Bone	owitz	JF
2		VAS DECEASED EVER			166 SOCIAL SEC	URITY NO.	17. INFORMA	INT		ADDRESS			
	(1)	VES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	219-18-	0783	Bever	ly Hoei	r1 526	Ingles	ide A	ve.	21228
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and,(c), PART I. DEATH WAS CAUSED BY:									BETWEEN	MATE INTERVAL ONSET AND DEATH	
		IMMEDIATE CAUSE (0)									MINO	140	
		_		DUE TO, G	ASA CONSEQU	ENCY OF	1-1	24	1 11.	11111		100	in e
		Conditions, if any gove rise to im		( lby	Column	e /len	1000	Nope	) pun	-1 Vari		107	16)
	1	cause (a), state	ng the	DUE TO, C	R AS A CONSEQU	JENCE OF	Lever	Con De	serge	cold!	fre fin	7 4	11-
		underlying cous	e last.	(c)_			of An	+ May	0. 80	west in	,		
	_	PART 2 OTHER SIG	NIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEA	SE OR CONDITI	ON GIVEN	IN PART 1	a
400	TIO	A DAYS OF OPEN	TION	18 CONE	ITION FOR WHICH	L OBERATIO	LIMAC BEREO	DUED	20- 0117	OBSV2 20	L IE VEC VA	EDE EINIDIE	NCS LISED
7	CERTIFICATION	190 DATE OF OPERA	MITH	al Walnu	ML	IN CERTIFYING CAUSES OF DEAT				OF DEATH?			
	ERTI	210. ACCIDENT WAS UN	DERLYING F	7 21b. TIME (	DE IN ILIRY	- / -	171, HOW IN	YES NO YES NO YES NO 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART ?)				NO [	
1		OR CONTRIBUTING	_	ATH HOUR A	M. MONTH			JOHN OCCOM	KED TENIER	AWIDKE OF HADDKY HA	TEM ID 7 AG	( 04 ( 44 ( 2 )	
	MEDICAL	(# EITHER, NOTIFY MED 214 IN JURY OCCUR			.M. OF INJURY	19	211 LOCATIO	N N				-	
	ME		HIE		REET, FACTORY, OFFICE,	FARM, ETC }	STREET			CITY OR TOWN		COUNTY	STATE
		AT WORK AT WO	ORK			2	1/6	67		5.78	100	85	1
		22a. I certify that (I sow the decea			20	85 00	d that in (mv)	(oer) opinion	death occur	red on the date	and hour or	d Irom the	that (I) (we) last
				t) view the bod			DEGREE				3110 11001 011	22c. DAJE	
		228. SIGNATURE	4	fact	- 0-	mo	-	TTENDING	MEDICA			3/	9 4.85
7		22d, PHYSICIAN'S N	AME (TYPE C	NO POINT!	7		77e ADDRES		DIRECTO	R PHYSICIAN	1 [ ]	1 6	-1 00
/		KYLE Y.			м. р.				IS AVE	NUE, 21:	229		
		BURIAL, CREMATION				NAME OF C	EMETERY OR		23d. LOC	ATION		-	
	- (	Buria	1	6/1/	85 N	leadow	ridge M	lem. Pk	. E1%	ridge	Howa	rd	MaryTand
	24 FL	UNERAL DIRECTOR			.000	21	229	25e DAT	E REC'D. BY	REGISTRAR 25b.			
	HU	BBARD FUN	ERAL H	HOME, IN	IC. 4107	WILKEN	S AVE.	Jl	JN 3	1985	the Sa	wido a	- At make
	-												



and completely filled in by the funeral director, asges 3 toges 1 and 2 should be filled within 72 harmouter, death

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3

1	REGISTRAR		CERTITI	CAIL OF DEATH	REG. NO	٥.		
1. DE	CEASED NAME FIRST	MIDDLE	U	127	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
THPE	ORPRINT) MAT		MAK	011		9 15	85	623
3. SE)		14. RACE	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UI	NDER I YEAR	IF UNDER 24
	7	8.	HTMOM	- 20 - 69	75	MONI	HS DAYS	HOURS 7
70. BI	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8		9 BALTIMONE CITY O	R COUNTY OF	DEATH	
1	COUNTRY)	118	A. WIDOWE	NEVER MARRIED	RAIL	somi.	c (1.	41
10. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		Jan 1	12e USUAL OCCUPATI	-	26. KIND C	OF BUSINESS
8	2140.	(IF NOT IN SUCH FACILITY, G	MA 51	OAI N.C.	{TYPE OF WORK FOR MOST O	F WORKING LIFE)	NDUSTRY	
USU/ 13a. S		ME OR OTHER INSTITUTION, GIVE RESIDEN	OR TOWN	13d INSIDE CAPT LIMITS?	13e.STREET ADDRESS	ZIP CODE	21	215
	MO	Ba	Himore	YES NO	4613 Pa	CK HE	ight.	SAV.
14. FA	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	WE		A IAS	ST.
	-		Martin Co.	Ella			3000	6:3
	WAS DECEASED EVER IN U.S		IAL SECURITY NO.	17. INFORMANT	ADDRE	SS		
(	AEZ' HOOB NIKHOMM) (IR AE	S, GIVE WAR OR DATES)	-309599	1 Margaret	makell	66141	Jinca	ent u
	IN CAUSE OF DEATH (Ent.	er only one cause per line far (g	(b), and (c)				APPROXI BETWEEN (	MATE INTERVA
	PART I. DEATH WAS CA	AUSED BY:	ardisc	asset			1	deer
	IMME	DIATE CAUSE (a)	4	4				1
		- DUE TO, OR AS MEO	NSEQUENCE OF	For bless y Dun	en Alexan	term	34	seara
	Conditions, if any, which gave rise to immediate		www	we Heart Nis	core e Heggie	noquest	1	-80-1
	cause (a), stating th	DUE TO, OR AS A CO	INSEQUENCE OF	meltitue			5	Mech
	underlying cause las		inverse	reture	7			1
	PART 2. OTHER SIGNIFICA	ANT CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN I	N PART 10	a.
ICATION			more					
F	190. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WI		
문					YES TO NO	IN CERTIFYING		OF DEATH
CERTIF	21g. ACCIDENT WAS UNDERLYIN	G 7 216. TIME OF INJURY		21c. HOW INJURY OCCUR				NO []
	OR CONTRIBUTING CAUSE C	110110 4 11 1101	TH DAY YEAR	THE HOW WHOOK! OCCOR	KED (ENIER NATURE OF INJUI	ET IN HEM TO PART I	OR PART 2)	
5	(IF EITHER, NOTIFY MEDICAL EXA		19					
MEDICAL	21d. IN JURY OCCURRED	21e. PLACE OF INJURY		21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STA
>	AT WORK AT WORK							
	22e. I certify that (I) (thus	nespital) attended the decease	d from Jul	1 17 1984		15, 19_	85	that (I) (we
	saw the deceased aliv		19.88 on	d that in (my) <del>(our) o</del> pinian	death occurred an the de	ate and haur an	d from the	couses state
	27b SIGNATURE	d not) view the body after deat		DEGREE			22c DATE	9IGNED/
	7	la anuel	Lein 1	7 ATTENDING	MEDICAL STAI	FF TANK	5/	15/8
1	22d. PHYSICIAN'S NAME (	TYPE OR PRINT)	00/7	22e ADDRESS		•		-
	MANULL	I ruid MA			HOTS, AUE	BALT	x MD	12/2/
	LANNET	LEVIN, M.D.		<u> </u>		17/1/7/	110	
	BURIAL, CREMATION, REMO			METERY OR CREMATORY	23d LOCATION		OUNTY	Md STA
E	Burial	5/20/85	Baltimo	ore Nationa		f va	74.73	Mu
24 FL	UNERAL DIRECTOR			25a. DA1	E REC'D. BY REGISTRAR	256. REGISTRAR	SSIGNAT	UPERA
l l	Wm Name Marc	h F/H 1101'	F North	AVE. MAY	1 7 1095	Ca Devids	an-Mar	Indiana.

1101 ADDRESS North Ave.

DHMH - 16 50M 4/83 (VRA 15, 4)

March F/H

BP

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and co should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

retained by the hospital or attending physician.

4031	1-	FOR STATE REGISTRAR			DEPARTA	MENT OF I	E OF MARYLAN HEALTH AND ME FICATE OF DE	NTAL HYG	REG. NO.	3 9	9 2
P. C.		CEASED NAME OR PRINT)	FIRST	Sophia	MIDDLE .	201	anning		20 DATE OF DEATH MONTH	16 83	3 COM
	3. SE	F		4 RACE	V	S. DATE		YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAY	
100	(	RTHPLACE (STATE	OR FOREIGN		F WHAT COUNTRY?	1	D NEVER MA	RRIED T	9. BALTIMORE CITY OR CO		
11 10/		ryland TY OR TOWN OF D	DEATH		F HOSPITAL, NURSIN UCH FACILITY, GIVE STREET		1437		Baltimore Cit 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND	OF BUSINESS OR
d in by	USU	Ltimore AL RESIDENCE (# N	URSING HOME OR	OTHER INSTITUTIO	S Scott Ke	ADMISSION)	lical Cer		Housewife	Hom	e
all a	Ma	ryland	Baltin		Dundalk	IN .		o 🔽	7828 Eddlynch		to Md 212
completely and 2 sh	1	Charles	A	AIDDLE	Neal		Carri	51	WIDDLE	Hentho	rn
ond oge		VAS DECEASED EV		WAR OR DATES	216-18-7		John J.			0#1 Box 3	
ned by the attending physici please remove carbon poper urial, cremotion, or removal. y, or ather troumotic event, th		Conditions, if o gove rise to couse (o), ste underlying co	IWAS CAUSEI IMMEDIATI  ny, which immediate ating the use last.	DUE TO,  DUE TO,  Column (c)	er line for (0), (b), on  Ca vold  OR AS A CONSEQUE  Sepsi  OR AS A CONSEQUE  PERFOR  CONTRIBUTING TO	Fu ( Sence of Sence of Cut-cut	Viscu		INAL DISEASE OR CONDITION		DAIMAITE INTERVAL N ONSET AND DEATH
thas been significations to the prior to the	CERTIFICATION	19a DATE OF OPE	ration	196. CON	DITION FOR WHICH	OPERATIO	ON WAS PERFORM	AED		IF YES, WERE FIND CERTIFYING CAUSE YES []	
is certificate burial-transif Mental Hygi	MEDICAL CER	210. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY N 21d. IN JURY OCC	CAUSE OF DEA	HOUR 21e. PLAC	OF INJURY A.M. MONTH D P.M. E OF INJURY	19	21r. HOW INJU	RY OCCURR	RED (ENTER NATURE OF INJURY IN ITE	M IS PART   OR PART 2	STATE
Real After this celluse os the burion Health and Menis marked or the	W	220.1 certify that		ol) ottended	the deceased from _	5	-15	19	10_5-/6	. 19_	, that (I) (we) lost
A. DIRECTO		sow the dece obove, (I) (we 22b. SIGNATURE,	did did not	View the boo	dy ofter deoth.	no	DEGREE	ENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DA1	TE SIGNED
O FUNER outed be-		22d. PHYSICIAN'S		assey			FS,	4 Ho	510		100

23c NAME OF CEMETERY OR CREMATORY

230 BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) 5-18-85 Gardens of Faith Burial

24 FUNERAL DIRECTOR Duda-Ruck Inc. 7922 Wise Ave. Balto., Md 21222

Baltimore Maryland

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

MAY 2 1 1085

MAY 2 1 1085

STATE

BP

MARK THE WAY IN THE PROPERTY OF THE PARKET WAY 

# 149057 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

completely fitted in by

ATTENDING PHYSICIAN: The law ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If them 21 is marked at them 18 shows any injury, ar ather traumatic event, the medical properties of the properties of them 18 shows any injury. TO HOSPITAL OR ATTEN BP

DHMH - 16 60M 7/84 (VRA 15, 4)

Anatomy board

24 FUNERAL DIRECTOR

## DEPARTA

MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 🖁	S REG. N	10.	39	93	E	·u
LAST . 1	2n DATE (	DEDEATH	MONTH	DAY	YEAR	2h HOLIR	

25a, DATE REC'D, BY REGISTRAR 25b REGISTRAR'S SIGNATURE

	FOR STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH  CERTIFICATE OF DEATH  REG. NO. 13993 E							
	1 DECEASED NAME (TYPE OR PRINT)  3 SEX	C.	Marchett 15. DATE OF BIRTH	i	20. DATE OF DEATH MONT	21 85 180 M				
	Female	White	MONTH	DAY YEAR	73	MONTHS DATS HOURS MIN.				
	20. BIRTHPLACE ISTALE OR FOREIGN COUNTY)  Pennsylvania	76 CITIZEN OF WHAT COUNTR	MARRIED L. NE	DIVORCED [	BALTIMORE CITY OR CO	nere Cita MD.				
-	Be to	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI 3360 WILKINS	S AVE.		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Homemaker	126 KIND OF BUSINESS OR INDUSTRY				
1	130. STATE		WARE YES D	MO □	3360 De Ki	code he Ave 21229				
)	FATHER'S NAME	MIDDLE Chu eo	V-	THER'S MAIDEN NAME	MIDDLE	Murawski				
	160 WAS DECEASED EVER IN U.S. (YES, NOOR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIAL SE 579-Z	1 01111	ORMANT	ADDRESS	Balto., Md.				
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSECTION OF AS	lchar ar	thy thing taisease	, NAL DISEASE OR CONDITIO	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  IMMEDICLE  UPCATS  UPCATS  DINGIVEN IN PART TO				
7	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHILE			200 AUTOPSY? 20b.  YES NO D  O (ENTER NATURE OF INJURY IN IT	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO				
	O PRODITEIBUTING CAUSE OF CHEET CAUSE OF CHEET CAUSE OF CHEET CAUSE OF CAUS	DEATH HOUR A.M. MONTH	19 211. LO	CATION	CITY OR TOWN	COUNTY STATE				
	sow the decement of the obove.	A A A A A A A A A A A A A A A A A A A	DEGREE	ATTENDING PHYSICIAN	to Man ≥1  eath occurred on the date or  MEDICAL STAFF DIRECTOR PHYSICIAN	nd hour and from the causes stated  22c. DATE SIGNED  121. 85				
	CLEONA TI	McAuliffe, M. 1	D, St	11110	ep 900 Cator	n Ave Batto MD				
	230. BURIAL, CREMITION REMOVE Removal	7AL 736 DATE 23 5/21/85	& NAME OF CEMETER	PORCEMATORY	3d LOCATION CITY OR TOWN	COUNTY STATE				

Md.

Balto.,

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

11			OR	DEPARTMENT	OF HEALTH AND MENTAL H	YGIENE	7 7 4
4			STATE REGISTRAR	MEDICAL EXAM	MINER'S CERTIFICATE O	FDEATH REG. NO.	
156106	5	DEC (TYPE	EASED NAME FIRST OR PRINT)	WIDDLE	LAST	20. DATE KNOWN X	MONTH DAY YEAR 76 HOUR
Senier.			James	P	Markowski	DEATH MATED	5/ 31/19 85 M
DIRECTA AND FILL ON STRE	) 3	SEX	1 A RACE	DATE OF BIRTH	IF UNDER 1 YR. IF UNDER MONTHS DAYS HOURS	24 HRS. 2t. DATE APRONOUNCED DEAD	5/ 31/19 85 PM
A STATE OF THE STA	3	a BIR	THPLACE (STATE OR EIGN COUNTRY)	A. A. A.	MARRIED NEVER MARRI		City, MD.
AY IS THEFT AND WAS SOIL W	T	VCII	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING I		120. USUAL OCCUPATION (TYPE OF	FWORK 121 KIND OF HOSINESS OR INDUSTRE
DE POTE	$\simeq$	CILAI	Baltimore	1338 Pontiac A		nongestall	ena- leteral
ANN AND 3	35	JUA	LRESIDENCE (IF IN NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE A	YES NO	13.38 Poni	tail Plus
DEATH IS AGES 1. 2. RM PM 3. 1. AND 2. S. 1. CHAUDLE	0		THER'S NAME  AS DECEASED EVER IN U.S. ARM	MEDICE LAST   15 MOTHER'S MAIDE FIRST  LACC  CURITY NO. 17. INFORMANT	N NAME PROBLEM	ak	
ALTIN S AFTE SIVE PO TH FO PAGES VISION	11	1	Ger Olivay		5-2449 Char	latte Vais	ley
HOURS M 18. C WG WIT. P NE. DIT	. [		PART I DEATH WAS CAUSED		lerotic Cardiovaso	cular Disease	APPROXMATE INTERVAL BETWEEN ONSET AND DEATH
N 24 N ITE ALOR MYGIE	2			CAUSE (a) Arteriosc  Due to, or as a conseque		THAT DISCOSE	
WITH WITH NCIL NCIL RANSI VIAL HIAL	X X	-	Canditians, if any, which gave rise to immediate cause (a) stating the under-	(b)			
UTED IN PE EXAM SIAL- ON CO	O,		lying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF		
RECORDS,  LD BE EXEC PENDING" MEDICAL D AS A BUI REALTH AN	8	,	PART 2 OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE OR CONDITION GIVEN IN PAI	XT 1 to .	
L RECORDS ULD BE EXE "PENDING FF MEDICA ED AS A BI HEALTH A	- K	CERTIFICATION	Chronic Alcoh	nolism: Chronic O	bstructive Pulmona OPERATION WAS PERFORMED?	ary Disease	20 AUTOPSY?
SHOU ORD " CHIEF SE USE	3/	TIFIC					YES NO 🔯
ON OF V	3		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216, TIME OF INJURY HOUR A.M. MONTH DAY EATH P.M.	YEAR 21c. HOW INJURY OCCURREN	D (ENTER NATURE OF INJURY IN ITEM 18 PAR	T I OR PART 2)
DIVISION OF VITAL REG THIS CERTIFICATE SHOULD IS WARDED TO THE WORD "PE WARDED TO THE CHIFF MA PAGE 3 SHOULD BE USED A STATE DEPARTMENT OF HEA	N I N	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HO STREET, FACTORY, FARM, ETC.)	OME. 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
S S S S S S S S S S S S S S S S S S S	SANC.			al the remains described above, held	an Autapsy , Inspection Suicide , Hamicide ,	Undetermined manner .	n my apinian
EXAMINE CERTIFICA JID BE FO DIRECTO	2		ACTUAL 7	20/	TITLE (SPECIFY)		DATE
EDICAL EXA UTE THE CER UNE A SHOULD UNE ALOUE R DEATH, WILL WOODE MADE	3/7		SIGNATURE	10°	M.DAssistar	DEMEDICAL EXAMINER	SIGNED 6/1/85
≤02mm+	-		EXAMINER'S NAME (TYPE OR PRINT) Gregol	ry R. Kauffman, M	.D. ADDRESS 1	ll Penn St.	
07/84 BP	à	8	MCMVC TO THE RESERVE	6/4/85 Hale	Contention of the	23d. LOCATION CITY OF CONTROL	Liel Ristary.
25M DHMH - 17	- 1	1	HERAL DIRECTOR	- ADONES Y LONG	Jutiffe 250. DATER	REC'D BY REGISTRAR 256 REGIST	RAR'S SIGNATURE
(VR A15 ME (5)	))	15	1111841160-11	nex/ J/11/10	ARTHUR JUN	3 1085 Frelia Da	wason-handell

1. 6

135640 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached far use as the burial-transit permit. Then please remove carban-papers: Fewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARTLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENES
CERTIFICATE OF DEATH

1 -	REGISTRAR				CERTI	FICATE OF DEAT	H		REG. NO	).			
	CEASED NAME	FIRST		AIDDLE		LAST		2a. DATE O	FDEATH	нтиом	DAY YEAR	26. HOUR	
( I TPE	OR PRINT)	RRE	Edwa	ard	MA	RRINER	-			5	11 85	1135 4	
3. SE:	X	4	RACE		5. DATE	OF BIRTH 1.	895	6. AGE (IN	YEARS LAST BIRT	HDAY]	MONTHS DAYS	IF UNDER 24 HRS	
Y	nale	140	White			7 17, 185		89		YRS.	MONTHS DATS	HOURS MIN.	
	RTHPLACE (STATE OR F	OREIGN 7	L CITIZEN OF	WHAT COUN	TRY? 8	D NEVER MARRI	ED 🗆	9 BALTIMO	ORE CITY O	R COUNT	Y OF DEATH		
	aryland	1	U.S.A.		WIDOW	***		Balt	imore	City	V	MD.	
10 C	TY OR TOWN OF DEA	TH 1				OR OTHER INSTITUTION	ON	12a USUAL	OCCUPATION	NC	12b KIND C	F BUSINESS OR	
_	altimore		Luther		oital				ek for most of		Antic	iues	
13e. S	AL RESIDENCE (IF NURS STATE aryland	Balti	Y	13c. CITY OR	TOWN	136 INSIDE CITY LIV			ADDRESS /			207	
M FA	THER'S NAME					15. MOTHER'S MAIL				<del>,,,,,</del>			
H	owe FIRST	M	DDIE	Marr.		Unknow.	n		MIDDLE		LAS	T.	
	VAS DECEASED EVER		ED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT			ADDRE	SS			
N		(# 163, 0146	WAR OR DATES!	216-1	6-9818	Ray M. M	arri	ner s	same a	s 13e	9		
	18 CAUSE OF DEAT	H (Enter only	one couse per	line for (n). (l	of and ic	4-					APPROX	IMATE INTERVAL ONSET AND DEATH	
CERTIFICATION	gove rise to imm cause (a), stotin underlying couse PART 2. OTHER SIGN 19a DATE OF OPERAT	g the lost	ONDITIONS CO	DATRIBUTING		T NOT RELATED TO THE		20c AUT		20b. IF YE	IVEN IN PART 111	NGS USED	
RTI			-			1		YES 🗌	NOE		ES 🗍	NO 🗌	
MEDICAL CE	21g, ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC 21d INJURY OCCURE	AUSE OF DEATH	21b. TIME O HOUR A.I	м. МО <b>N</b> TH м.	DAY YEAR	21c HOW INJURY	OCCURR	ED (ENTERN					
ME	WHILE NOT WH	ILE	( AT HOME, STR	EET, FACTORY, OI	FFICE FARM ETC )	STREET			CITY OR TOV	WN	COUNTY	STATE	
	27a   certify that (1) sow the decease obove, (1) (well-te 27b SIGNATURE  27d. PHYSICIAN'S NA	(this hospitoled alive on id alive on id) (did not)	view the body	/	la	22e. ADDRESS	DING CIAN	MEDICAL	STAF PHYSIC	F _/	19.83  Sur and from the 221. DATE SILL		7
	URIAL, CREMATION,	REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR CREMA	ATORY	23d LOC					
C	remation		05/13/	/1985	Green N	Mount Crem	ator		Balt.im	ore (	City, Ma	ryland	
24 FL	INERAL DIRECTOR						25e. DATE		REGISTRAR			URE	
W	alter Brook	ks Bra	dley,	Inc. B	alto., N	D 21222	M	AY 1 3	3 1985	Lilia	i Davidson	Proposite	

shows any injury, ar ather troumatic event, the

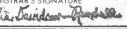
IMPORTANT: If Item 21 is marked on Item 18

DHMH - 16 60M 7/84 (VRA 15, 4)

Cremation

3

74 FUNERAL DIRECTOR
NAME
Walter Brooks Bradley, Inc. Balto., MD 21222



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alpru.

MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W.

FOR STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE GERTIFICATE OF DEATH

REG. NO

								REG. N	O.				
	CEASED NAME FIRST		MIDDLE	l	LAST		20. DATE C	OF DEATH	MONTH	DAY	YEAR	26 HOUR	5
	Marie			M	larsha!	11			5	10	1985		М
3.58	X	4. RACE		5. DATE C		YEAR	6 AGE IN	YEARS LAST BIR	THDAY)	MONTHS	R I YEAR	IF UNDER 2	MIN.
	Female	Bl	ack	5	28	1896	88		YRS		DAIG	1.00.00	741.11.4.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	B	□ NEVE	R MARRIED	9 BALTIM	ORE CITY O	R COUNT	Y OF DE	ATH		
	irginia	U. S	A.	WIDOWE		DIVORCED [	Bal	timore	e City	Y			MD.
	TY OR TOWN OF DEATH  Baltimore	(IF NOT IN SUC	HOSPITAL, NURSIN THEACILITY, GIVE STREET IN TAN HOSPI	ADDRESS)	OR OTHER IN	ISTITUTION		C OCCUPATION FOR MOST C		LIFE) IND	USTRY	F BUSINES	
USU	AL RESIDENCE HE NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)				ADDRESS					
	aryland 13b CO	JNTY	Baltimor		13d. INSIDE	CITY LIMITS?	Balt	imore,	/ ZIP COD	ylan	d 21	216	2000
14 FA	THER'S NAME FIRST  John	MIDDLE	Gardner		15. MOTHE	R'S MAIDEN NA/ FIRST <b>Martha</b>		MIDDLE			LAST KNOW	T	
	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES O	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU 215-32-2		17 INFORM			414 <sup>ADA</sup> T					
ATION	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT	DUE TO, O		ENCE OF SCHOOL STOM DEATH BUT	on O	LATERIC ED TO THE TERM	ant Scl	Olno. Onos SE OR CON	on Q LDITION GI			) IGS USED	7 7 4 9 7
CERTIFICATION						J.,,,,,	YES 🗌	ио 🗌	IN CERT			OF DEATH	H?
1000	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.	DE INJURY M. MONTH DA M.	AY YEAR	21c. HOW	injury occure	RED (ENTER P	NATURE OF INJU	RY IN ITEM 18	PART I OR	PART 2)		
MEDICAL	21d. INJURY OCCURRED  NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC )	211. LOCA			CITY OR TO	NWN	CO	UNTY	ST	ATE
	27a. I certify that (I) (this has sow the deceased alive above, (I) ( did 27b. SIGNATURE	00-	19		nd that in (m	y) (our) opinion of	MEDICA	L STA	FF				
	22d. PHYSICIAN'S NAME (TYPE				22e ADDR	ESS S'o	108	ORK	Roca		1121	2,	
	BURIAL, CREMATION, REMOVA (SPECIFY)  Burial	5/15	/1985 Arb	utus	Memor:	CREMATORY  ial Park	23d. LOC	TY OR TOWN	Bal	coun	re,	Mary]	lanc
Fu Fu	neral Home, In	2501 c. Balti	Gwynns Fa more, Mar	ills F	arkwa 1 2121	25a DAT		registrar				URE Andal	ler_

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use with the State Dept. of Hea

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Holdinor,	X	,40°	itia	inryl nd
	aja.	191	r. T.	silot
cmilies six			218-	.olf
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project programme

Buriel (/los routes marriel erro Nathan cons colorana rils remosev Euroral Hors, inc. Editmors, Farylan 2 216

# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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24 hours after medical TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician as should be detached for use as the burial-transit permit. Then please remove carban papers. Page, with the State Dept. of Health and Mental Hygiene priar to burial, crematian, ar removal. requires that the death certificate be IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital ar attending physician.

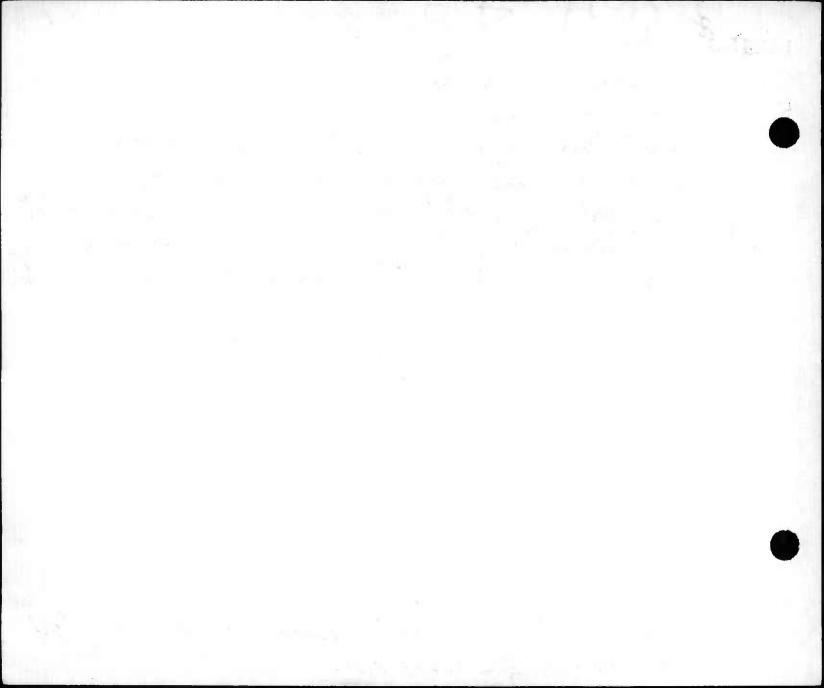
STATE OF MARYLAND

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١.	FOR - STATE		EALTH AND MENTAL HYG	SIENE 👸 😂	. 0	
٠.	REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO.		
	CEASED NAME FIRST	MIDDLE	AST	20 DATE OF DEATH MONT	H DAY YEAR	2h HOUR
<	ANA4 1	M DRShall		5/09/85	-	11am
3. SE	X 4.	RACE S. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 24 HRS
1	emale	Co/ MONTH	11 /886		MONTHS DAYS	HOURS MIN.
70. B	IRTHPLACE (STATEFOR FOREIGN 76		NEVER MARRIED	9 BALTIMORE CITY OR CO	UNITY OF DEATH	
無	ITY OR TOWN OF BEATH	. NAME OF HOSPITAL NURSING HOME O		12a USUAL OCCUPATION	12h KIND C	MD.  OF BUSINESS OR
1	e/temore	(IF MOVIN SUCH FACILITY, GIVE STREET ADDRESS)	es Hosp	(TYPE DE WORK FOR MOST OF WOR		
USU 2	ALRESIDENCE (IF NURSING HOME OR OT STATE 136 COUNT)	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	Benta	12/2/16 SI
I P	THER STAME FIRST 1/1 ME	H. Williams	15. MOTHER'S MAIDEN NA.	ME	Idam3	il.
	WAS DECEASED EVER IN U.S. ARME		17. INFORMANT	ADDRESS	1	5
(	(YES, NO OR UNKNOWN) (IF YES, GIVE V	217-09-0632	Mrs. FRAN	icesm.luill	1 Am 5 20	Ob Benta
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (a), (b), and (c)	a anu	- + Shock	BETWEEN	MATE INTERVAL ONSET AND DEATH
	IMMEDIATE	CAUSE (o)	/			
		DUE TO, OR AS A CONSEQUENCE OF	10000	uboli		
	Conditions, if any, which gave rise to immediate	(b)	0 1000)			
	couse (0), stating the underlying couse fost	DUE TO, OR AS A CONSEQUENCE OF				
	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITIO	N GIVEN IN PART 111	0
NO NO						
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED		IF YES, WERE FINDIN	
Ę				YES IN NOT	CERTIFYING CAUSES	OF DEATH?
1	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT		
	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR P.M. 19				
EDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	21e PLACE OF INJURY	21f LOCATION			
WE	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE, FARM ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
	22a I certify that (I) (this haspital		03 19 FC			that   I) (we) lost
	saw the deceased alive an above, (1) (we) [did] (did not)	view the body ofter death.	nd that in (my) (our) opinion	death accurred on the date or	nd hour and from the	couses stoted
	226 SIGNATURE		DEGREE		22c. DATE	
	Holends 6	Ash sendy	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	57	9/50
1	224. PHYSICIAN'S NAME (TYPE OR P		22e ADDRESS			
	ROLENGE.	h Son p was some				
23a	BURIAL, CREMATION, REMOVAL	23b DATE ZIL NAME OF C	METERY OR CREMASON	ZH. LOCATION		1
	BURIO	5-13-85 Aph. 7	is man tand	BAH	100	Sol

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

THE DATE PEC D. BY REGISTRAN 256 REGISTRANS SIGNATURE TO



# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15	1	FOR STATE REGISTRAR			DEPARTMEN DICAL EXA		H AND M	ENTAL HY	15	i	3 9	9 8	3
3038		DECEASED NA	ME FIRST		MIDDLE		Matsis		2a. DATE OF	REG. NO. KNOWN X ESTI- MATED	MONTH DAY	YEAR 1985	26 HOUR
1. IF ANY DELAY IS NECESSARY, PLEASE 7, 2, AND 3 TO THE FUNERAL DIRECTOR. 8. RETAIN PAGE 5 FOR YOUR FILES. 2 SHOURGLEEFILED WITHIN 72 HOURS TALRECORDS, 201 W. PRESTON STREET,	3.	Male	4. RACE White	5. DATE OF BIRTH	1953 3	GE (IN YEARS IF U	NDER 1 YR.	IF UNDER 2		E NCED	5-17	19 85 19 85	2d. HOUR 3:15
NECESSA UNERAL S FOR Y WITH	4	BIRTHPLACE FOREIGN COUNTR	ece	76 CITIZEN OF W	HAT COUNTRY?	8. MAR WIDO	WED	VER MARRIE DIVORCEI	□ Ba:	- ltimore			MD
PAGE PAGE BENIED	4	CITY OR TOW Baltim	ore	(IF NOT IN SUCH F.	SPITAL, NURSING ACILITY, GIVE STREET AU NES HOSP.	ital	HER INSTITU	ITION	FOR MOST OF WC Self-Em	PATION (TYPE OF PLOYED	0	nstru	ction
F ANY I AND 3 SHOULD SHOULD RECORD	5 130	Maryla	nd Bal	NTY Timore	Woodla		13d. INSIDE (		13e STREET ADDR	est Par	Md k Ave.	Woodl	207 Lawn
GES 1	30		me <b>antine</b> SED EVER IN U.S. AI	MIDDLE	Matsi	_		er's maiden ngela	NAME	ADDRESS ,		tast corea	
JRS AFTER DEATH. IF ANY 3. GIVE PAGES 1, 2, AND 3. WITH FORM PM 3. RETA F. PAGES AND 2 SHOÜTE DIVISION OF VITA RECOLU	2	NOR UNI	(IF YES, GIV	rmed FORCES? E WAR OR DATES)	136-56	-3833			sis 1663			ve. 2	21207
WITHIN 24 HOL NCIL IN ITEM 18 NINER ALONG IRANSIT PERMIT VIAL HYGIENE, OR REMOVAL.		Condi gave cause lying o	DEATH WAS CAUS  IMMEDI, tians, if ony, whic rise to immediat (a) stofing the under ouse last.	ED BY:  ATE CAUSE (a)  DUE TO, OF  (b)  DUE TO, OF	Coronary R as a conseou R as a consequ	Insuff JENCE OF JENCE OF					BET	WEEN ONSET	AND DEATH
SHOULD BE EXECUTED VORD "PENDING" IN PERSONAL SEA SHOULD BE USED AS A BURIAL. AND MENDING TO PENDING TO PENDIN	7	2	R SIGNIFICANT (ONOITION	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO				1 (0)			AUTOPSY?	
CERTIFICATE SH RITING THE WOR RDED TO THE CH E 3 SHOULD BE L E DEPARTMENT CO 01 PRIOR TO BUR	3	21a EXTER UNDERLYII CONTRIBU	NAL CAUSE WAS NG OR ITING CAUSE OF		A. MONTH DAY	YEAR 216 1	IOW INJURY	OCCURRED	LENTER NATURE OF IN	JURY IN ITEM 18 PAI		YES XX	№ □
NER: THIS CERTI ICATE, WRITING FORWARDED T TOR: PAGE 3 SH THE STATE DEPA AND, 21201 PRICE		CONTRIBLE 21d. INJUR WHILE AT WORK	NOT WHILE AT WORK		OF INJURY (ATH	IOME. 21f LO	STREET		CITY OR TO	IWN	COUNTY		STATE
TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 38 AFTER DEATH, WITH THE STATE DEI BATTIMORE, MARYLAND, 21201 PI			ulted from: Not	ge of the remains de ural causes (A)	scribed obove, hel Accident (	Suicide L	Homic TITLE (S	Inspection cide	Undetermined m	onner,	DATE	5-17-	-85
TO MEDI EXECUTE PAGE 4 3 TO FUNE AFTER DE	73	EXAMINER (TYPE OR P	'S NAME DET	nis F. Sm		OF CEMETERY	ADDRESS_		Penn St.	Balto		2120	
84 BP	- 1	(SPECIFY) B1	urial	5/21/85	Greek	Orthod	ox Cem	etery	Woodlav			yland	
DHMH - 17 (VR A15 ME (5))	1 24 I	eroy M.	. & Russe:	mondson Ave	, Catonsvil ke Funer	lle, Md. al Home	21228	MAY	2.1 1085	Was Da	TRAR'S SIGNAT	indelile	and-

- STATE

(TYPE OR PRINT)

REGISTRAR I. DECEASED NAME

FIRST

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND

CERTIFICATE OF

MENTAL HYG DEATH	IENE 3	o.	5 4	9 7
	20. DATE OF DEATH	MONTH DA	YEAR	26 HOUR
		5 19	85	1030 7
	6 AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	IF UNDER 24 HRS
25	59	YRS.	NIHS DAYS	HOURS MIN.
MARRIED	R IL	R COUNTY O	F DEATH	
NORCED X	1351111VV0	200	12/7	MD.
TITUTION	126 USUAL OCCUPATE		12b. KIND O INDUSTRY	F BUSINESS OR
D.	Barnen			EMPLOYED
NO X	13e STREET ADDRESS / 5514 HIGH	ZIP CODE	TREET	21227
S MAIDEN NA				
FIRST	U N K N O	WN	LAS	1
ANT	ADDRE	SS		
A. STA	NLEY 5514	HIGHR I		r. 21227
thm	ia		APPROXI	MINUTES
Hypopot	vernie Hyporki	demia	Mos	Alis
12003	C			11110
10				
TO THE TERM	INAL DISEASE OR CON	OITION GIVEN	IN PART 110	2
DRMED	200 AUTOPSY?		WERE FINDING CAUSES	
		-		

JOSEPH ROBERT MATTHEWS DATE OF BIRTH 3. SEX 4 RACE DAY (STATE OR FOREIGN MARRIED | NEVER ON WIDOWED OWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INS USUAL RESIDENCE RESIDENCE BEFORE ADMISSION CITY OR TOWN MIX GONUNTA 13d INSIDE ARBUTUS YES IT! 15. MOTHER 14. FATHER'S NAME SR. MIDDLE WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORM (IF YES, GIVE WAR OR DATES) IYES NO OR UNKNOWN YES WW II 215-24-7767 DAISY 18. CAUSE OF DEATH |Enter only one couse per line for (a), (b), and (c) PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE 10 Conditions, if ony, which gove rise to immediate couse |a|, stating underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE CERTIFICATION ene prior 19h CONDITION FOR WHICH OPERATION WAS PERFO 19s DATE OF OPERATION be B shov 216. TIME OF INJURY 71a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M 19 I IF EITHER, NOTIFY MEDICAL EXAMINER) 21L LOCATION ò 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR FOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) STREET morked WHILE NOT WHILE AT WORK 220 1 certify that (1) (this hospital) attended the deceased from 21 is sow the deceased alive on, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATUS DEGREE old be detach the State De ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e. ADDRESS 22d PHYSICIAN S NAME (TYPE OF PRINT) 300 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN (SPECIFY) BURIAL 05-21-85 MEADOWRIDGE MEM. PK. ELKRIDGE

DHMH - 16 50M 4/83

24 FUNERAL DIRECTOR HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE. (VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

HOWARD MARYLAND

22c DATE SIGNED

STATE

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FUNERAL HOSPITAL

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Item 21

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MPORTANT:

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

- STATE REGISTRAR DECEASED NAME CORP. DEPRING

To BIRTHPLACE

10 CITY OR TOWN OF DEATH

ACTIMERE

DAVID

MARYLAND

14. FATHER'S NAME

3. SEX

DNEY

1 STATE ON FOREIGH

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A 130, STATE 1136 COUNTY 1136 CITY OR TOWN

MIDDLI

US

AUCASIAN 7b. CITIZEN OF WHAT COUNTRY?

NAME OF HOSPITAL NURSING

(IF NOT IN SUCH FACILITY, GIVE STREET AL

2815 BARTOL

MAX

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

13c. CITY OR TOWN

LAST

166 SOCIAL SECURITY NO.

DEPARTN	NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8	REG.	NO.	4	U	0	U
LE	MAX	2a. DATE O	F DE ATH	MONTH	3	55	3:1.	JR SAA
	5. DATE OF BIRTH	6. AGE (IN	YE ARS LAST	BIRTHDAY)		DER 1 YE AR	# UNDE	24 HRS
SIAN	MONTH DAY YEAR	7xx	ix 7	73 YRS.	MONTH	S DAYS	HOURS	MIN.
AT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED		,	OR COUNT	-	FATH FY		WI
CILITY, GIVE STREET			RK FOR MOS	TOF WORKING	LIFE IN	b. KIND O		
BARTOL	KD•	PROPE	RII	OWNER		REAL	E91	ATE
RESIDENCE BEFORE CITY OR TOWN BALTIMO	N 13d. INSIDE CITY LIMITS?			S / ZIP CO		#212	09	

MIDDLE

**GERTRUDE**REMAX

YES	WWII-	ARMŶ	218-09-4807	2815	BARTOL AVE.	BALTO.,	MD	21209
18. CAUSE OF DEAT PART I. DEATH W	H (Enter only ) /AS CAUSED F	one couse per BY: CAUSE (o)	line for (a), (b), and (c)	c CA	of PANCE	EAS	BETW	PROXIMATE INTERVAL IEEN ONSET AND DEATH
Conditions, if ony, gave rise to improve (01, static underlying couse	mediote	(b)_	R AS A CONSEQUENCE OF					

17. INFORMANT

15. MOTHER'S MAIDEN NAME

**ESTHER** 

MRS.

190. DATE OF OPERATION	1%. CONDITION FOR WHICH OPERATION	WAS PERFORMED	20a AUTO		206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH				
			YES 🗌	NO	YES 🗌	NO 🗌			
218 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCU	IRRED (ENTERNA	TURE OF INJUR	RY IN ITEM 18 PART I OR PART	2)			

HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION COUNTY CITY OR TOWN

WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased frail

saw the deceased alive on, (aur) apinian death occurred on the date and have and from the causes stated and that obove, (I) (we) (did) (did not) view the body ofter death

22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN LIYPE OR PRINTS

22e ADDRESS PARK HGIGHTS AVE BALTO, HOLZRIS

230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) MAY3,1985 ROSEDALE BURIAL

MOGAN ABRAHAM (ATDATH YESHURUN)

BALTO. MD 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

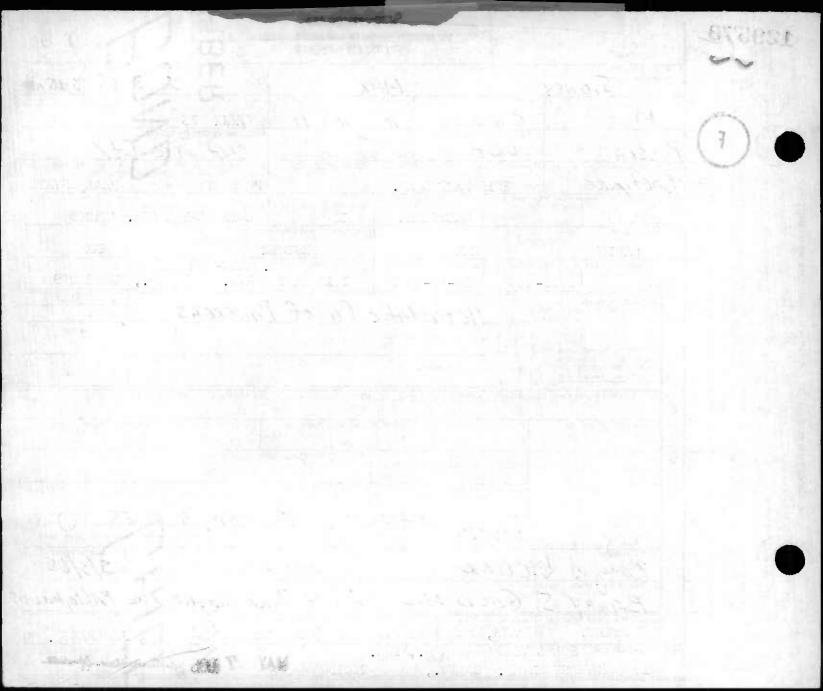
SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages Mand 2 should be filed within 72 hours of with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. injury, ar ather traumatic event, th

IMPORTANT: If Hem 21 is marked or Item 18 shaws any

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EP	ARTMENT	OF HEA	LTH AN	D MENTAL	HYGIENE
				FDEATH	

		REGISTRAR		CERTIF	ICAIL OF DEATH	REG. NO.		
	(TYPE	CEASED NAME FIRST 7	heodone MIDDLE M	AVROVI	rikolas	5	- 31-85	26 HOUR 1050
	3. SE	Male	4. RACE Whit	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRTH	IF UNDER TYEAR MONTHS DAYS  YRS.	
7	C	RTHPLACE (STATE OR FOREIGN	75. CITIZEN OF WHAT COU U.S.A.	MARRIE		9. BALTIMORE CITY OR Baltimon	e (ity	MD.
/		Baltimore	11. NAME OF HOSPITAL, IN LE NOT IN SUCH FACILITY, GIV L'ANCIS Sev	E STREET ADDRESS)	Med Conter	12a. USUAL OCCUPATIO (TYPE OF WORK FOR MO) TOF	WORKING LIFE) 12b. KIND O	of BUSINESS OR
5	13 Mg	AL RESIDENCE (IF NURSING HOME OR STATE Tryland	OTHER INSTITUTION, GIVE RESIDENCE ITY	RTOWN	13d INSIDE CITY LIMITS?	13. EIREE ADDRESS to	nn Avenue 2	21224
0		Cuas	Marroni		7 Trintafilie	<b>a</b> MIDDLE	Kotsorn	ithi
		VAS DECEASED EVER IN U.S. AR YES, NO D UNKNOWN) (IF YES, GIV	E WAR OR DAYED	8-4264	James Markak	is 1200 S.P	onca St. 21	224
		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	D BY:  TE CAUSE (0) CAUSE  DUE TO, OR AS A CON	dipula ISEQUENCE OF	monay area	ot	BETWEEN	XMATE INTERVAL OMSET AND DEATH
7	CERTIFICATION	PART 2. OTHER SIGNIFICANT O	ONDITIONS CONTRIBUTION FOR V			200 AUTOPSY?	20b. IF YES, WERE FINDS IN CERTIFYING CAUSE: YES	INGS USED
7	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	H DAY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)	
	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	N COUNTY	STATE
		22e. I certify that (I) (this haspi saw the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE	1 6 - 71	19. 85 , or	nd that in (my) (our) apinion of DEGREE	MEDICAL STAFF	22c. DATE	that (I) we lost causes stated
		22d PHYSICIAN'S NAME (TYPEO Andrew	FRANC	15	PHYSICIAN [ 220. ADDRESS Francis Sc	JAKZ A	reduid Con	te-
	(	BURIAL, CREMATION, REMOVAL (SPECIFY) <b>BURIAL</b>	23b. DATE 6-3-85	Greek O	emetery or crematory	23d. LOCATION CITY OR TOWN WoodLown	Balto Co-A	STATE
		uneral director tarles S.Zeiler	& Son Inc. &	224 East	ern Ave.	REC'D BY REGISTRAR	B. REGISTRANS SIGNA	

DHMH - 16 50M 4/B2

(VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	Zo	os i
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156081		FOR Film G608 item 8, 7a DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 1 4 0 0 2
100002	1-	DECISION 10/1/85 1]a CERTIFICATE OF DEATH
<b>\</b>		REG. NO.  CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 2b. HOUR
th 3	{ TYPE	OLIVE MANDEN Mayden 5/26/85/10-248M
offer po	3. SE	FC MALE RIPORT MONTH DAY YEAR COM MONTHS DAYS HOURS MIN.
		IRTHPLACE (STATE DISORFISH TR CITIZEN OF WHAT COUNTRY? & RAITIMORE CITY OR COUNTY OF DEATH
or op 72		Maryland USA WIDOWED DIVORCED BACTIMORE CITY MD.
(N/9	1	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  VIEWORK FOR MOST OF WORK FOR MOST OF WORKING (IFE)  126 USUAL OCCUPATION  ITYPE OF WORK FOR MOST OF WORKING (IFE)  INDUSTRY
186	130.5	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  STATE  ARYLAND  136 COUNTY  136 CITY OR TOWN  137 CITY OR TOWN  138 STREET ADDRESS / ZIP CODE  157 C N. ELL WOOD AVE.
100	14 FA	ATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE INSTITUTE IN MOTHER'S MAIDEN NAME
	16a V	NAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
10 000 pp/		YES, NO ORUNKNOWN) (IF YES, GIVE WAR OR DATES) 218-07-5590 SEAN BROWN
athricate physical and a physical an		18 CAUSE OF DEATH lEnter only one couse per line for (a), (b), and (c)  PART I. DEATH WAS CAUSED 8Y:  IMMEDIATE CAUSE (a) AS France    PART I. DEATH WAS CAUSED 8Y:    MARCHIATE CAUSE (a) AS France   PART I. DEATH WAS CAUSED 8Y:    MARCHIATE CAUSE (a) AS France   PART I. DEATH WAS CAUSED 8Y:    MARCHIATE CAUSE (a) AS France   PART I. DEATH WAS CAUSED 8Y:    MARCHIATE CAUSE (b) AS France   PART I. DEATH WAS CAUSED 8Y:    MARCHIATE CAUSE (c) AS France   PART I. DEATH WAS CAUSED 8Y:    MARCHIATE CAUSE (c) AS France   MARCHIATE CAUSED 8Y:    MARCHIATE SAUCED 8Y:    MARCHIATE SAUCE
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require	10	ASIND WIT HOMI (CAD), COPD.
low low	CERTIFICATION	190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY?  20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO
G PHYSICIAN: The ottending physicion per this certificate h s the buriol-tronsit p tond Mental Hygier ked or tem 18 shorked or tem 18 shor		21g. ACCIDENT WAS UNDERLYING TO THE OF INJURY OR CONTRIBUTING CAUSE OF DEATH OUR A.M. MONTH DAY YEAR  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2)
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hospitol or ottending physician hospitol or ottending physician RECTOR. After this certificate helped for use as the burial-transit pept at Health and Mental Hygen tem 21 is marked or tem 18 show them 21 is marked or tem 18 show		270.1 certify that (1) (this haspital) attended the deceased from \$\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
IRE he p	- 1	276. SIGNATURE R.M. Shah. M.D DEGREE 220. DATE SIGNED
by the ERAL D ERAL D Store D Store D ANT: # 1		PHYSICIAN DIRECTOR PHYSICIAN 5 20185
TO HOSPITAL TO FUNERAL should be det with the Stote		P.M. SHAH. M.D Burnare and
Show with	73o B	BURIAL, CREMATION, REMOVAL 1236, DATE 1236, NAME OF CEMETERY OR CREMATORY 1236, LOCATION
BP		BURIAL 5-31-85 MT. CAZUARY BATTIMORE MARVIA
DHMH - 16 60M 7/84	24 FL	INERAL DIRECTOR  RIVAN Thomas IF. H. 1913 III. RATIONIRE ST. JUN 0 3 1985 Sulia Davidson-Randelle.
(VRA 15, 4)	2	Completion ASSISTED IN DUCTION STORY

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Po Pour		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.	] NEVER A	MARRIED -	9. BALTIMORE CITY O	R COUNTY OF DEATH	
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AL OR AT y the hosp AL DIRECT defoched for ote Dept. o		226. SIGNATURE	1	DEC	GREE	ATTENDING	MEDICAL STA		ATE SIGNED
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1000	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 4 0 0 4  STATE REGISTRAR CERTIFICATE OF DEATH  REG. NO.
	CEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOURS AND ALL WHITE AND ALL WAS A CONTROL OF DEATH MONTH DAY YEAR 15 HOURS AND ALL WHITE AND ALL WAS A CONTROL OF DEATH MONTH DAY YEAR 15 UNDER 24 HRS MONTH DAY YEAR 172 YRS MONTHS DAYS HOURS MIN.
15 (D) V	IRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED DOWNCED DOWNCE
# TO Y	AL RESIDENCE (IF NURS) GHOW OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) STATE  OUNTY  13c, SITY OR TOWN 13c, SITY OR TOWN 13c, SITY OR TOWN 13c, SITY OR TOWN 15c, MOTHER'S MAIDEN NAME  15. MOTHER'S MAIDEN NAME
omple CX	Michael A. Mazzie Lucia Harcartor  Was DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  YES WW II 072-07-5228 Family Records
by the attending physic see remove corbangage cremation, or removal. other traumatic event, the	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) CONSEDUENCE OF  Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF
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ronsit per Hygiene 18 shows	210. ACCIDENT WAS UNDERLYING
se os the buriol-realth and Mentol marked or Item	21d INJURY OCCURRED   21e PLACE OF INJURY   21f LOCATION   STREET   CITY OR TOWN   COUNTY   STATE
NERAL DIRECTOR. be detached for u e State Dept of He TANT; if Hem 21 is	sow the deceosed place on the dote and hour and from the couses stated above, a length of the couse of the couses stated above, a length of the couse of the
hoould with th	220. ADDRESS  PEYNALDO DR JUELA-GOMEZ, M.D 7620 - YORK ROAD TOWSON MO 2120  BURIAL, CEMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 234 LOCATION CITY OF TOWN CITY OF TOWN CITY OF TOWN DATE.
- 16 60M 7/84 (RA 15, 4)	UNERAL DIRECTOR NAME ADDRESS 8800 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

CHAPEL OF MEMORIES

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR		CERTII	CATE OF DEATH	REG. NO.		
	CEASED NAME FIRST	MIDDLE	1	AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
{TYPE	STUA	RT	MC	BRIDE	MAY 10, 198	5	11:15
3. SE	Х	4 RACE	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
	Male	White	Jul	y DAY 16, 1916	74	RS MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT C	OUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR CO	JNTY OF DEATH	
	tlanta, Ga,	USA	WIDOWE		BALTIMORE	CITY	WC
	LTIMORE	(IF NOT IN SUCH FACILITY  JOHNS HO			120. USUAL OCCUPATION (779E OF WORK FORMOST OF WORK  / NUCR / NUVER,	ING LIFE) INDUSTRY	of Business OR
43a	ALRESIDENCE (IF NURSING HOME COSTATE	NIY 13c. CIT	DENCE BEFORE ADMISSION) YOR TOWN Litimore	134 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP ( 245 Rivervie	code au Ave.Ba	lto.1222
14 F/	ATHER'S NAME FIRST Lgin	MIDDLE	Stewart	15. MOTHER'S MAIDEN NA Leila	WIDDLE	Unknow	
	WAS DECEASED EVER IN U.S. A	DE MAIN OR DATES.	CIAL SECURITY NO.	17 INFORMANT	ADDRESS		
	YES NOOR UNKNOWN) (IF YES G	264	4-22-5460	Mrs. Mary M.	McBride, Same	as Above	Service.
	18 CAUSE OF DEATH (Enter of	anly one couse per line for	(a), (b), and (c)			APPRO) BETWEEN	XIMATE INTERVAL
	PART I. DEATH WAS CAUS	13/	-				
	Conditions, if any, which gove rise to immediate cause (10), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	( 10) Pug	CONSEQUENCE OF ACUTING TO DEATH BUT	chic Amen	- S PROPELL	Q 1	mys
ION	Christoph A	weren TI	A - Anne	- ASPL	2D		
CERTIFICATION	190 DATE OF OPERATION	Rup L	OR WHICH OPERATIO			IF YES, WERE FINDS ERTIFYING CAUSES YES [	
_	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTIFY MEDICAL EXAMIN	HOUR A.M. MO	ONTH DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	m 18 PART   OR PART 2]	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJU		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	22a I certify that (I) (this has	n 5/13	19 7 00	19	death accurred on the date on	d hour and from the	, that (i) (we) lost e couses stated
	obove, (I) (we) (did) (did not) view the body ofter deoth.  22b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN						ESIGNED 10/85
	22d. PHYSICIAN'S NAME (TYPE	STONE		JHH 60	ON wolfe St		
	BURIAL, CREMATION, REMOVA (SPECIFY) Burial			emetery or crematory dge Mem. Pank	Elkridge, Hou	rand coonty	Md. STATE
24 F	Cully Funeral	Home, 130 E.	Fort Ave.	Balto Man AY	te rec'd. By registrar 256. Re 1 3 1985 Fulland		TURE

DHMH - 16 60M 7/B4

(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W, PRESTON ST., BALTIMORE, MARYLAND 21201

# TYPE OR PRINTI 3. SEX

## FOR DE - STATE REGISTRAR DECEASED NAME FIRST MIDDLE LAST

James

4 RACE

STATE OF MARYLAND	
PARTMENT OF HEALTH AND MENTAL HYGIENE	3
CERTIFICATE OF DEATH	

MCCALL Jr

DAY

DATE OF BIRTH

MONTH

1	REG. I	10.4	006	5 E.	EN.	
	May 24,	MONTH	DAY	YEAR	26 HOU	) 3A
	6 AGE (IN YEARS LAST 8	IF UNDE	RIYEAR	IF UNDER 24 HRS		
31	53	YRS.			HOURS	MIN.
DAMA	9 BALTIMORE CITY  Baltimo			ATH		
D D	12a USUAL OCCUPA		_	KIND O	F BLISANE	M

Male	BI	ack	12	/	2.T	23		YRS.			
BIRTHPLACE (STATE OR FO	DREIGN 76 CITIZEN OF	WHAT COUNTRY?	8 AARRIE	D NEVER MAR	RIEDXX	1	RE CITY OR CO				
Virginia	U.S	.A.	WIDOWE		RCED	Ba.	ltimore	City			MD.
CITY OF TOWN OF DEAT  Baltimore		HOSPITAL, NURSING ICH FACILITY, GIVE STREET A Aryland Ge					OCCUPATION RK FOR MOST OF WO	RKING (IFE)	126 KIND O	F BUSINES	SS OR
				I HOSPICA	1.1						
	NG HOME OR OTHER INSTITUTIO	13c CITY OR TOWN	1	13d. INSIDE CITY YES X NO	LIMITS?	13e STREET	ADDRESS / ZII	CODE		201 4H #	0.1
Maryland I		Baltimo	Le	15 MOTHER'S M			George		Apc.	727	-
James	WIDDIE	McCall		Lula		AIE	MIDDLE	Holl	Loway	Ī	
60 WAS DECEASED EVER I		166 SOCIAL SECUR	ITY NO.	17 INFORMANT			ADDRESS				
(YES, NO OR UNKNOWN)	(IF YES GIVE WAR OR DATES)	227-32-	0813	Doris	L. M	cCray	2250	Lind	den A	venu	.e
DARTI DEATH MA	I (Enter only one couse po AS CAUSED BY:			34	1.0	3	10:1-		BETWEEN (	MATE INTERV	AL SEATH
1	MMEDIATE CAUSE (0)_	Cardiac a	rrest	-					-		
	DUE TO,	OR AS A CONSEQUEN	NCE OF								
Conditions, if ony,		Sepsis									
cause (a), stating		DR AS A CONSEQUEN	NCE OF								
underlying couse	lost(c)	Perforate	d due	odenal ul	lcer						
PART 2 OTHER SIGN	FICANT CONDITIONS					INAL DISEAS	E OR CONDITION	on given	IN PART In	2	

CERTIFICATION

ene prior

and Mental Hygi

or Item 18

MPORTANT: If Item

nsit per shows 190 DATE OF OPERATION

21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED

22a I certify that XII (this haspital) attended the deceased from sow the deceased alive on May 24 obove (did) (day you view the body after death.

BURTAL

NOT WHILE

May 22, 1985

Chapolini, M.D. 23a. BURIAL, CREMATION, REMOVAL

5/28/85

21b. TIME OF INJURY

P.M

21e PLACE OF INJURY

MONTH

AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

HOUR A.M.

23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

DEGREE

211 LOCATION

22e ADDRESS

ATTENDING

PHYSICIAN

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

DAY

Perforated duodenal ulcer

May

85

Anne Marundel Co.

c/o Maryland General Hospital

MEDICAL

20a AUTOPSY?

CITY OR TOWN

STAFF

May

and that in (My) (our) opinion death occurred on the date and hour and from the causes stated

DIRECTOR PHYSICIAN

Md.

NO [

STATE

20h IF YES, WERE FINDINGS USED

COUNTY

85

22c DATE SIGNED

5/24/85

YES [

IN CERTIFYING CAUSES OF DEATH?

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Wm CMMarch F/H Inc. 1101 North Avenue

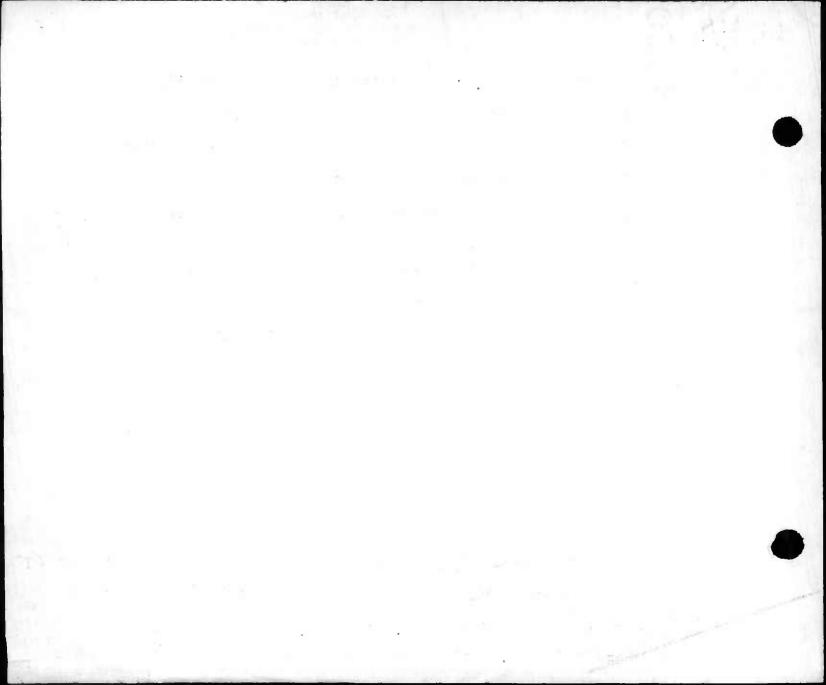
to FUNERAL DIRECTOR: A shauld be detached for use with the State Dept. of Heal

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SION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		
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STATE OF MARYLAND 147018 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20. DATE OF DEATH FIRST MIDDLE MONTH 26 HOUR DECEASED NAME LIYPE OR PRINTS L. 19 WILLIE MAY 1985 McCARGO 3 SEX 6 AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH MONTH YEAR Poge male black 18 41 To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED COUNTRY VA DIVORCED USA WIDOWED [ BALTIMORE IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFEL INDUSTRY 2836 WESTWOOD AVENUE BALTIMORE USUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
1136. COLINTY
1137. CITY OR TOWN. 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Baltimore YES T NO [ 2836 Westwood Ave Maryland 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME  $\sim$ LAST MIDDLE MIDDLE FIRST Richardson Freddie executed McCargo Alise 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS medical 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) IYEN YO OR UNKNOWN) 231-58-6099 Emma Boyd 2838 Westwood Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (D troumotic Conditions, if ony, which gove rise to immediate other t couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost 5 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION prior 706 IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? buriol-tronsit perni Mentol Hygiene p hos shows NO IT 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART ?) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER NOTIFY MEDICAL EXAMINER) P M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE

offer offer of honor		₹	WHILE NOT WHILE AT WORK	TATHOME STREET, FACTOR	Y, OFFICE, FARM, ETC.)	JIACE			
NDI NDI NO NSE S	- 1		22a.l certify that (I) (this has	pital) attended the decease	d from		, to	. 19	, that (I) (we) los
Spito Spito CTOI for of H	- 1	- 1	sow the deceased alive a above, (1) (we) (did) (did r	n not) wew the body ofter deot	h, 19, one	d that in (my) (our) of	pinion deoth occurred on the do	te and hour and from th	e couses stated
hos hos hos hos hos hos hed	- 1		22b. SIGNATURE	Pa -	D	EGREE			ESIGNED
AL CAL CAL CAL CAL CAL CAL CAL CAL CAL C			1	nlung	_ w	ATTENDI PHYSIC	MEDICAL STAF	IAN 5	-20-1
d by	7		22d. PHYSICIAN'S NAME LIVE	OR PRINT)		22e ADDRESS	I PART	6 012	)
o HO former of the think the			H - 281	RMPOL		2/18	W. FRATT	K 212;	10
5 6 5 4 3 ₹	1		JRIAL, CREMATION, REMOVA		23c NAME OF CE	METERY OR CREMAT	TORY 23d. LOCATION	COUNTY	STATE
BP	L	( )	Burial	5/25/85	Mt. Z	ion Cem.	Balti		MD
DHMH - 16 50M 4/8			NERAL DIRECTOR		Donres	25	DATE REC'D BY REGISTRAR	256 REGISTRAR'S SIGNA	TURE
(VRA 15, 4)		V m	C March F/H	Inc. 1101	E North	Avenue	MAT 2 2 1985	الاسه احديد	
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	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 haurs after departments are retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the Turnal direction should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 should be filled within a second with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

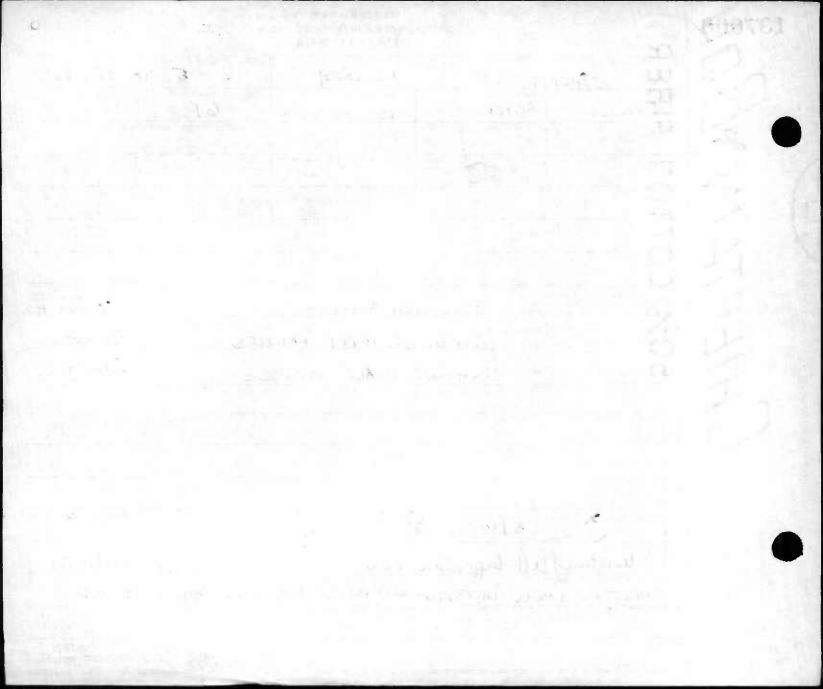
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	,					

	FOR STATE REGISTRAR	1		EALTH AND MENTAL HYD	REG. NO.	1 4 0 0 3
	DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE		AST A D M	20. DATE OF DEATH MONTH	DAY YEAR 25. HOUR
-	SARI	HH		CLARY		1.001 M
3	FENALE	4 RACE BLAZK	5. DATE C	DAY YEAR	6. AGE   IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
12	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	DUNTRY? 8 MARRIEI WIDOWE	D NEVER MARRIED X	Baltimore Ci	
7	Baltimore	Mercy Hosp	L, NURSING HOME C GIVE STREET ADDRESS) ital	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR
5 13	JSUAL RESIDENCE (IF NURSING HOME 30. STATE 13b. COI	UNTY 13c. CITY		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO 730 E. Biddle	ODE St. 21202
O 14.	FATHER'S NAME Cleveland	McCla	LAST	15. MOTHER'S MAIDENNA Lucille	MIDDLE	Aur
/ 160	WAS DECEASED EVER IN U.S. A  (YES, NO OR UNKNOWN)  (IF YES, C	GIVE WAR OR DATES!	20-6812		thy McClary <sup>ess</sup> son 730 E. Bido	ile St.
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	anly ane cause per line for 10	EDEMA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	Canditions, if any, which gove rise to immediate cause IaI, stofing the underlying cause last.	DUE TO, OR AS A CO	ONSEQUENCE OF	HEART FAIL	URE,	3montas
S TELEVISION	PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	t conditions <u>contribut</u>			200 AUTOPSY? 206. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
/	OR CONTRIBUTION CONTRACTOR OF O	DEATH HOUR A.M. MOI		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	YES NO 18 PART I OR PART 2)
MEDIC	OR CONTRIBUTING CASE OF D  (IF EITHER NOTIFY MEDICAL EXAMIN  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK	21e PLACE OF INJUR (AT HOME STREET FACTOR		21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220 I certify that (this has saw the deceased alive a above, (I) (%e) (did) (did-		19_33on	nd that in (my) (our) opinion	deoth occurred on the date and	haur and from the causes stated
	226 SIGNATURE	Bell- layer			MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED 5/10/85
	CHRISTINE J		PNAMMD	MERCY HOS	PITAL BALTI	MORE MD.
236	BURIAL, CREMATION, REMOVA  (SPECIFY)  Burial	23b. DATE 5/18/85		emetery or crematory of Eternal Ho		
4 24	Wm. C. March F	F/H 1101 E.	North Ave	25a DAT	AY 1 4 1985 Gu	SISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)



1092	FOR 1 - STATE REGISTRAR	DEPA	RTMENT OF I	E OF MARYLAND BEALTH AND MENTAL HYD CICATE OF DEATH	REG. NO.	40	0	
1	1. DECEASED NAME FIRST	MIDDLE W	Man	AST AST	20. DATE OF DEATH MONTH	3. 1985	26 HOUR	
	1. SEX	4 RACE	5. DATE (		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 2	
5 0	Male	Black	10	25 1911	73 YR	S.		
10 m	70 BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COU			
55 5/	S. Carolina	U. S. A.	WIDOW		Baltimore Ci	ty		
11 140	Baltimore	11. NAME OF HOSPITAL, NUF (IF NOT IN SUCH FACILITY, GIVE ST Saint Agnes H	REET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN  Welder - Mary			
heald be	USUAL RESIDENCE (IF NURSING HOME 13a STATE 13b. CO Maryland	OR OTHER INSTITUTION GIVE RESIDENCE BE	FORE ADMISSION)	13d INSIDE CITY LIMITS? YES NO [	13e STREET ADDRESS 1314 Baltimore, Ma	W. Mosh		
omplitte Seminary	14 FATHER'S NAME FIRST  Ruben	MC Conne	11	15 MOTHER'S MAIDEN NA FIRST Maggie	WE	Baile		
ond coges 1		GIVE WAR OR DATES)		17 INFORMANT	3203 Carlisle			
S. P	No.	719-10	-6337	Dorothy Reed	Baltimore, Ma			
es that the death certificate ned by the attending physici please remove carbonapaper uriol, cremation, ar remavol. y, or ather traumotic event, th	18. CAUSE OF DEATH (Enter only one couse per line for only (b), and (c))  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost  (c)  APPROXIMATE INT BETWEEN ONSET AN  DUE TO, OR AS A CONSEQUENCE OF  (c)							
Then Then or to bu	ZO PART 2. OTHER SIGNIFICAN	t conditions <u>contributing</u>	O DEATH BUT	NOT RELATED TO THE TERM	NIMAL DISEASE OK CONDITION	GIVEN IN PART 11	0	

AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

VEN IN PART 10 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

NOF YES T 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION

NOT WHILE 22a.1 certify that (In-this hospital) attended the deceased from sow the deceased alive on (my) (ear) opinion death occurred on the date and hour and from the causes stated

above, (1) (we) (did) (elelent) view the body after death 22b. SIGNATUR DEGREE 22t. DATE SIGNED

22e. ADDRESS

ATTENDING

PHYSICIAN

MEDICAL

DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

Fairfield County

23d LOCATION CITY OR TOWN Fairfield, S. Carolina

COUNTY

2b HOUR

12b. KIND OF BUSINESS OR

Mosher Street 21217

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO T

STATE

2501 Gwynns Falls Parkway 24 Nutter & Sons Funeral Home, Inc. Baltimore, Maryland 21216

5/20/1985

CITY OF TOWN

DHMH-16 50M 1/81 (VRA 15, 4)

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FUNERAL DIRECTOR. After this certificate has be

attending

etained by

BP.

r use as the burial-transit permit Health and Mental Hygiene pric

shauld be detoched for with the State Dept. of I

or Item 18

marked

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MPORTANT.

CERTIFICA

MEDICAL

(SPECIFY)

Burial

		23 M	MD In .		
	<u> </u>	I Name I	2.0		
Baltimore City			u bast "r		
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Surfal 5/25/1985 Pointfeld Countries Sons 3501 Styling Folds Parties Fourtries Folds For Fourtries Folds Fourtries F

pair lele, 5. Ceroline

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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO.					

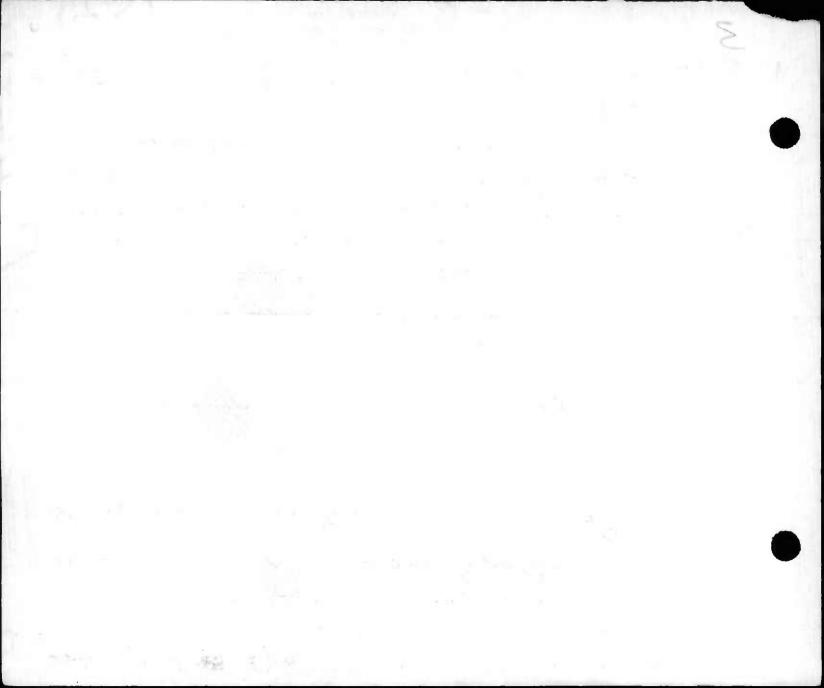
J	•	REGISTRAR	ICATE OF DEATH	REG. NO.							
		CEASED NAME FIRST OR PRINT)		WIDDLE	me	Coy-	20. DATE OF DEATH	MONTH DAY	VEAR S	S 30 PM	
ł	3. SEX	· · · ·	4 RACE		5. DATE C	OF BIRTH	& AGE (IN YEARS LAST BE		UNDER 1 YEAR		
	1	Female	White		Feb	19, 1898	87	YRS.	NIHS DAYS	HOURS MIN.	
	7a BIR	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF		RY? 8	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY O	FDEATH		
		Maryland		S.A.	WIDOWE	DIVORCED	Baltimon			MD.	
1		TYORTOWN OF DEATH  Baltimore	John L	H FACILITY, GIVE ST	TREET ADDRESS)	al Center	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Homemaker		INDUSTRY	Home	
4	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUNTY)	1IA	GIVERESIDENCE BI 130 CITY OR T Glen B	OWN	13d INSIDE CITY LIMITS? YES NO X	13. STREET ADDRESS	ZIP CODE	e. 210	061	
1	14. FA	THER'S NAME Robert	MIDDLE	Tudor		Virginia	WIDDLE		urton	51	
5		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIALS		17 INFORMANT	ADDR	ESS			
	1	no (Fres, or	E WAR OR DAIES	217-22	-6974	Esther Selw	ay same as	13			
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  ASparator Preumonia									
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  (b) Sentle Damen Tea									
	NO	PART 2 OTHER SIGNIFICANT	onditions co	ONTRIBUTING	TO DEATH BUT		AINAL DISEASE OR CON		I IN PART 1	o	
	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WH	IICH OPERATIO	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES [	NG CAUSES	NGS USED S OF DEATH?	
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING. CAUSE OF DEA	(1)		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART	1 OR PART 2)		
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE			211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE	
		27a   certify that (this haspi saw the deceased live an above (i) we (idid) did no				3-19, 1985 nd that in (our) opinion	, to death occurred on the c	5-1- 19 date and hour a		thot (we) lost couses stated	
		22b. SIGNATURE	for	190	Jamis		MEDICAL STA	CIAN []	220. DATE	SIGNED 85	
		22d PHYSICIAN'S NAME (TYPE d Alfred J	~			510 E. Fort	Ave.				
		SURIAL, CREMATION, REMOVAL	23b. DATE		23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE	
	(:	Burial	6 May	85	Cedar	Hill Cemetery	Brooklyr		A.A.	MD.	
1	24 FU	JNERAL DIRECTOR	<u> </u>				TE REC'D. BY REGISTRAF	1			
	į	James S. Kirkle	y Glen	Burnie	MD.	MA`	Y 3 1985	gira De	4dson-D	andell.	

1.00

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached far use as the burial-transit permit. Then please remove carban papers: for with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar remaval. IMPORTANT: If them 2) is marked ar Item 18 shows any injury, ar ather traumatic event, the



buriof,

or Item 18

CERTIFICATION

MEDICAL

BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

FOR STATE REGISTRAR			DEPARTM	MENT OF H	E OF MARYLAND REALTH AND MENTAL HYG FICATE OF DEATH	IENE 👸 🖒	aucoje	40	1	1
1. DECEASED NAME (TYPE OR PRINT)	THOMAS	N	King		C CUBBIN		lay 13	1965	12-12	PM
3 SEX Male	Carl V	4. RACE White	2	S. DATE O	DF BIRTH 7, DAY 897 YEAR	6. AGE (IN YEARS LAST BIRTH	YRS.	NDER TYEAR	IF UNDER	24 HRS MIN.
Jo. BIRTHPLACE (SI COUNTRY) Maryla		U.S.A.	VHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR BALTIMO			30	MD
BALTIMOR			OSPITAL, NURSIN		or other institution	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	WORKING LIFE) 1	NDUSTRY Railr		SSOR
USUAL RESIDENCE 130 STATE Maryland	136 COU		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimo	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 15795 Clears	ZIP CODE Spring	Ave.	2121	2
14 FATHER'S NAME FIRST		MIDDLE D.	McCubt	oin	15 MOTHER'S MAIDEN NA	WE		Eas	ton	
160 WAS DECEASED (YES, NO OR UNKNO		RMED FORCES? VE WAR OR DATES)	214-16-3		Mrs. Jane Bor	addres nemann 1711		Ave.	2109	3
18. CAUSE OF PART I. DE	ATH WAS CAUS	nly one couse per ED BY: TE CAUSE (a)	line for 191, (b), and	USC.	profic M	in mental	risera	APPROXI BETWEEN	MATE INTER	DEATH
	if ony, which	DUE TO, OF	R AS A CONSEQUE						) -	

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES T NO

21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER)

II LOCATION

21d INJURY OCCURRED TIE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) ottended the deceased fram.

CITY OR TOWN

and that in (my) pour) opin an death accurred an the date and have and from the causes stated

COUNTY

77h SIGNATURE DEGREE

MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING

22c. DATE SIGNED

STATE

Audrey Richardson

Keswick Home

23a. BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETE
Burial	5-16-85	Greenmount

RY OR CREMATORY

22e. ADDRESS

23d. LOCATION CITY OR TOWN Balto. City

STATE Md.

24 FUNERAL DIRECTOR

Mitchell-Wiedefeld Home 6500 York Road 21212

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL DIRECTOR:

should be detoched with the State Dept.

MPORTANT: IF

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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3	23	1	64	1)	-	2
100						

1. DECEASED NA	AME FIRST			CEKIII	FICATE OF	DEATH	REG.	NO.				
	-DAVE LAKST		WIDDLE		LAST		20 DATE OF DEATH		DAY	YEAR	26 HOU	R
(TYPE OR PRINT)	LEONA	<b>\</b>	OLGA	N	CURDY			5	19	85	62	AM
3. SEX	-	4 RACE	-		OF BIRTH		6. AGE (IN YEARS LAST	BIRTHDAY)		RIVEAR	IF UNDER	
FEMAL	E	W	HITE	MONI 06		VEAR 03	81	YRS	MONTHS	DAYS	HOURS	MIN.
To BIRTHPLACE	STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	Y? 8	D NEVER	AAADDIED []	9 BALTIMORE CITY	1110		ATH		
MARY	LAND	U	.S.A.	WIDOW	-	IVORCED [	BALTIMOR	E CIT	Y			MD.
BALT	IMORE		HOSPITAL, NURS CHEACILITY, GIVE STRE ST. AGN	EET ADDRESS)		TITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS HOMEMAK	T OF WORKING		KIND O DUSTRY	F BUSINE	SS OR
USUAL RESIDEN 130. STATE MARYLA	ND 136 COU		BALT IMO	WN	13d INSIDE (	NO 🗌	130 STREET ADDRES 596 S. B	S / ZIP CO EECHF	DE IELD	AVE	NUE,	2122
14. FATHER'S NA		MIDDLE	LAST		15. MOTHER	S MAIDEN NA	WE			LAS		
MAX MAS DECEA	SED EVER IN U.S. AI	MED FORCES?	TIEPERM		17 INFORM.	EMMA	ADI	PRESS		FRA		
IYES NO OR UN		VE WAR OR DATES)	215-07			M. McC		S. BE	ECHF	IELD	AVE	
Condition gove ris couse ( underlyin  PART 2 O  19a DATE 0  21a. ACCIDI OR CONTRIL (# EITHER. 21d. IN JUR  WHILE AT WORK  22a. I certii	ons, if ony, which the to immediate of stating the original that t	DUE TO, CO  DUE TO, CO  DUE TO, CO  (c)  19b. CONDITIONS CO  19b. TIME CO  ATH  P  21e PLACE (ATHOME ST  ital) attended the company of the conditions of the	OF INJURY  .M. MONTH  .M.  OF INJURY  REEL, FACTORY, OFFICE  The deceased from	DUENCE OF  DUENCE OF  CH OPERATIO  DAY YEAR  19  E FARM ETC.)	21c HOW IN 21f LOCATI STREE	ORMED  ON  T  19  Opinion  ATTENDING	200 AUTOPSY?  YES NO CITY OR  CITY OR  depth accurred on the	20b. IF Y IN CER	ES, WERITIFYING ( TIFYING ( YES  S PARTIOR  CO	PART TIG	GS USEC OF DEAT NO	H?]
22d. PHYSI	-	OR PRINT)	Waran ARLMA	W) = 0	22e ADDRES	PHYSICIAN [				5/	15/4	1
23a BURIAL, CRE	MATION, REMOVAL	-			CEMETERY OR	CREMATORY	23d. LOCATION	70	COUN	. 1	100	Are

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or ather traumatic event, the medical

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

05-22-85 BURIAL 24 FUNERAL DIRECTOR ADDRESS

INC.

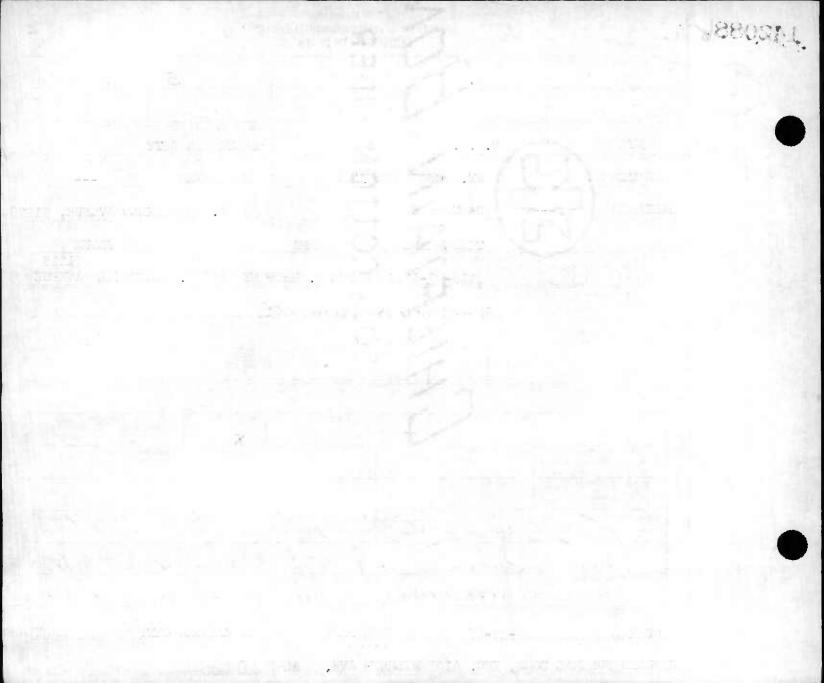
HUBBARD FUNERAL HOME,

LOUDON PARK 21229

4107 WILKENS AVE

BALTIMORE CITY MARYLAND

25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE in a wing in promitting to the



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FOR 1 - STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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000 000					

		REGISTRAR					CEK	IIFICATE OF	DEATH		REG. N	10.				
1	1. DE	CEASED NAME E OR PRINT)		LLIAN		W:		MCDANIE	L SR.	20 DATE O		монтн <b>5</b>		YEAR 85	26 HOUR 12:05pm	
,	3. SE	Male			White			oril 7,	1920^*	6 AGE (IN	YEARS LAST BI	RTHDAY)	MONIHS!	DAYS	IF UNDER 24 HRS HOURS MIN.	
5	7a. BI	IRTHPLACE (STATI	E OR FORE	IGN 7b	USA	WHAT COU	MAR	RIED NEVER	MARRIED -	BALT	IMORE			ATH	MD	
3	10 C	BALTIMOR		11	Loch I	HOSPITAL, N SHEACILITY, GRA LAVEN	Veteran	S Hospi	tal	12a. USUAL (TYPE OF WOR		OF WORKING		KIND O USTRY	F BUSINESS OR	
5	USU.	AL RESIDENCE (#		HOME OR OTH		Balt			CITY LIMITS?	13e STREET 441	ADDRESS Val	ZIP CQ	DE View .	Ave	, 21206	
C	14 FA	Edward		MID	DLE MC	Danie	ľ	15 MOTHER	S MAIDEN NAM	ME	MIDDLE		Boz	ma'n	1	
1		WAS DECEASED E			D FORCES? AR OR DATES)	100	SECURITY NO.	36. 1	Villiam	W. Mc	ADDR Danie		Sam	е		
	TION	PART 2. OTHER:	immed tating ause SIGNIFI	iate the lost.	(c) NDITIONS <u>C</u>	ONTRIBUTIN		BUT NOT RELATE	2						4.7	
1	CERTIFICATION	19a DATE OF OP	ERATIO	N	148 COND	IIION FOR W	VHICH OPEKA	TION WAS PERF	OKMED	YES [	NO [	IN CERT		YES, WERE FINDINGS USED FIFYING CAUSES OF DEATH?  YES NO NO NO		
	MEDICAL CER	OR CONTRIBUTING  (IF EITHER, NOTIFY  21d INJURY OCC  WHILE IN NO	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOTWHILE   NOTWHILE    WHILE NOTWHILE    11 HOME. STREET		M. MONTI M. OF INJURY	H DAY YE.	9 211 LOCAT	ION	OCCURRED (ENTERNATURE OF INJURY IN ITEM 18, PAR			B PART I OR P		STATE		
1		22a I certify that saw the dec above, (Mw 22b. SIGNATURE 22d. PHYSICIAN'	eased of (did)	aler	MAY iew the body			DEGREE	ATTENDING PHYSICIAN	MEDICAL	ed on the d	ate and h	our and fre	am the	that ( <b>X</b> (we) last causes stated SIGNED	
		BURIAL, CREMATION	ON, REA	DALV	ATER 23b DATE	RA		PF CEMETERY OR	CREMATORY	23d LOC	ATION		COUNT		STATE	
		Burial			May 1	1,1985	Parkw	ood	25- DAT		ltim				Md.	

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

IMPORTANT: If Hem 21 is

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

Leonard J. Ruck Inc. Baltimore, Maryland

MAY 9 1985

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Directo.

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Nath Valley View Ayes, 212305

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# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

143075

campletely filled in by the funeral di

death certificate be executed within 24 hours ofter

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	5	del	U	1	Son
	PEG NO				

(TYPE	CEASED NAME FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MONTH OA	AY YEAR	2b. HOUR
	Dorothy		M	Mai	Donald		5 16	85	5:53PM
3. SE:		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THOAY]	F UNDER TYEAR	IF UNDER 24 HRS
	Female	Whi	te	MONTH	BAY 16	68		ONTHS DAYS	HOURS MIN.
7a. BI	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY C	R COUNTY C	OF DEATH	
O	COUNTRY)	U.	S.A.	WIDOWE	D NEVER MARRIED DIVORCED	Baltimo			MD
0 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12h KIND O	F BUSINESS OR
	altimore	Mercy	- A	1		Housewife	OF WORKING LIFE)	Home	Maker
130. 5	AL RESIDENCE (IF NURSING HOME STATE 136 COU		13c. CITY OR TOWN	N I	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS			03.00/
	ATHER'S NAME		Baltimor	е	YES ICK NO []	3905 Fairh	aven A	venue	21226
4. FA	Joseph	WIDDIE	Grimm		Mary	WIDDLE		Ti	.ce
60 V	WAS DECEASED EVER IN U.S. ARMED FORCES? YES INDOMUNKNOWN) (IF YES GIVE WAR OR DATES)		166 SOCIAL SECUE		17 INFORMANT	ADDR	SS		
{			294-09-7763 Dorothy Stans			nsbury Same as 13e			
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS IMMEDI.  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, C	Cerebra DR AS A CONSEQUE	NCE OF	er accident			13 d	MATE INTERVAL ONSET AND DEATH
CERTIFICATION	PART 2. OTHER SIGNIFICANT	Chr 196 COND	onic obst	ructi	NOT RELATED TO THE TERM  LE PULMUNER  N WAS PERFORMED	1	20b. IF YES,	WERE FINDIN	NGS USED
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A	OF INJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJU	RY IN ITEM TO PAR	RT I OR PART 2)	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY OFFICE FA	ARM ETC }	21f LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
MEDIC	while Not while At work  220.1 certify that At this has sow the deceased alive a	pital offended fl	reet, factory office fa	5/3/		to5/:	16	985.	that (1 (we) ast
MEDIC	WHILE NOT WHILE AT WORK  220.1 certify that All this has	pital offended fl	reet, factory office fa	5/3/ 5, on	STREET 19.85	to5/:	ote and hour	985.	that (1 (we) lost couses stated
MEDIC	WHILE AT WORK NOT WHILE AT WORK 220.1 certify that AT (this has saw the deceased alive a above, AT (we) (did (did )	OR PRINT)	REET. FACTORY OFFICE FA	<u>\$/3/</u>	STREET  19 85  Indication (new Town) opinion of the street	MEDICAL STAL	ote and hour	ond from the	that (1 (we) lost couses stated

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP.

retained by the hospital or attending physician.

26698	1-	FOR STATE REGIS
- Put (16 a 16 2	1 000	

page 3 er death

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	200 510				

20 DATE OF DEATH MONTH DAY YEAR 26. HOL	_
	JR
05-02-85/2	50
6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER	24 HRS
75 YRS MONTHS DAYS HOURS	MIN.
BALTIMORE CITY OR COUNTY OF DEATH	
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120 USUAL OCCUPATION 12b. KIND OF BUSIN	
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Ellicott City,	
BETWEEN ONSET AND	DEATH
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MINAL DISEASE OR CONDITION GIVEN IN PART 110	
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200 AUTOPSY? 20b. IF YES, WERE FINDINGS USE	
ire, Sepsis	TH?
200 ÁUTOPSY? 200 IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA	TH?
200 ÁUTOPSY? 200 IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA' YES NO YES NO NO	TH?
200 AUTOPSY?  200 IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA' YES NO YES NO RRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	TH?
200 AUTOPSY?  200 IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA' YES NO YES NO RRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	TH?
200 AUTOPSY?  200 LIFYES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA  YES NO YES NO RRED (ENTER NATURE OF INJURY IN ITEM 18 PART I ORPART 2)  CITY OR TOWN COUNTY	TH?
200 AUTOPSY?    200 AUTOPSY?   200 IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA'   YES   NO   YES   NO     RRED (ENTER NATURE OF INJURY IN ITEM 18 PART   ORPART 2)    CITY OR TOWN   COUNTY   that I was a second of the county   that I was a second or the county   that I was	TH?
200 AUTOPSY?    200 AUTOPSY?   200 IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA'   YES	TH?
200 AUTOPSY?    200 AUTOPSY?   200 IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA'   YES	STATE we) lost
200 AUTOPSY?  200 AUTOPSY?  200 IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA  YES NO YES NO COUNTY  CITY OR TOWN  COUNTY  . that (I) (  APPROVED BY MEDICAL MAINLES  MEDICAL MAFF	STATE we) lost
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200 AUTOPSY?  200 AUTOPSY?  200 IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA  YES NO YES NO COUNTY  CITY OR TOWN  COUNTY  that (I) (  APPROVED BY MEDIC LAMINE 220. DATE SIGNED  MEDICAL DIRECTOR PHYSICIA 5-2-  236 LOCATION  201 AUTOPSY?  202 AUTOPSY?  203 AUTOPSY?  204 AUTOPSY?  205 AUTOPSY?  206 AUTOPSY?  206 AUTOPSY?  207 AUTOPSY?  208	STATE we) lost
	P BALTIMORE CITY OR COUNTY OF DEATH  Baltimore City.  120 USUAL OCCUPATION 120 KIND OF BUSIN INTERFORMANCE OF WORKING LIFE HOUSERY  Housewife  130.STREET ADDRESS / ZIP CODE 8014 Gray Haven Rd. 2122  AME  MIDDLE E. Schrine ADDRESS Ellicott City, R. Frazier 3769 Spring Mea

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After the conflicting has been significant between the source of the burnel frame, the since Dept. of Health and Mental Hygiene prior to be with the Since Dept. of Health and Mental Hygiene prior to be

ATTENDING

MPORTANT: If he of 1 is marked or nam

Leonard J. Ruck, Inc. Baltimore, Md.

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ond completely filled in by the

TO FUNERAL DIRECTOR. After this certificate has been signed by the otherhaing physicion and coshould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept of Mealth and Mental Hygiene prior to burial, cremation, or removal.

	STATE OF MARYLAND
	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
	CERTIFICATE OF DEATH

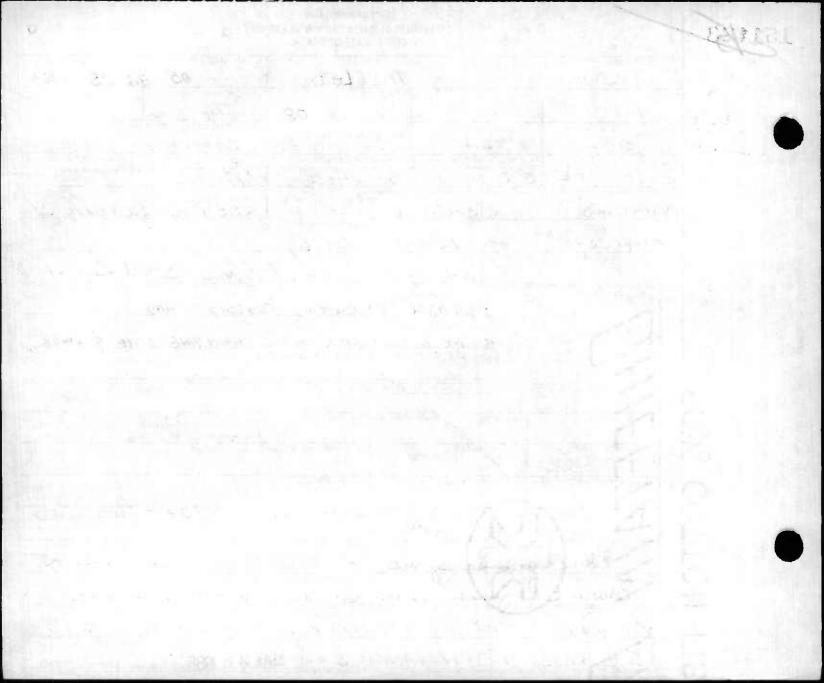
STATE OF MARYLAND  PEPARTMENT OF HEALTH AND MENTAL HYGI  CERTIFICATE OF DEATH	ENE 8	REG. N	O.	ì	4	Ú	-	6
LAST	2n DATE OF D	DEATH	MONTH	DAY	YEAR	25	HOLIB	

	STATE REGISTRAR	DEI AN	CERTIFICATE OF DEATH		0.	- 1
	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26	. HOUR
TIAME	Duncai	0	Mc Lean	0	5 22 85	10:30
3. SEX		I. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR		UNDER 2
	m	(B) N	MONTH DAY YE			OURS
7n B16	RTHPLACE (STATE OR FOREIGN 7	L CITIZEN OF WHAT COUNTR'	Y? 8		OR COUNTY OF DEATH	
C	COUNTRY)	USA	MARRIED NEVER MARRIE	D I		
10 (1	ITY OR TOWN OF DEATH		WIDOWED DIVORCE			ILIC INTES
D	altimore	(IF NOT IN SUCH FACILITY, GIVE STRE	EET ADDRESS)	(TYPE OF WORK FOR MOST C		0031146
JUSUA	AL RESIDENCE (IF NURSING HOME OR C	S. Baltimor		Milken		10
13g S			DWN 13d. INSIDE CITY LIM	2 - 7 : 1	ZIP CODE Lan Val	John Com
14 FA	ATHER'S NAME	uppus 1467	15. MOTHER'S MAID			
,	HARUOY	MCLE!	11/ 5000.	MIDDLE	LAST	
	VAS DECEASED EVER IN U.S. ARA		CURITY NO. 17. INFORMANT	ADDRI	ESS O	
(1	YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES	203K 10000	males x	2534 W. Lan	zut
-	18. CAUSE OF DEATH (Enter only	1476-1	30313 ( Ewine		APPROXIMAT BETWEEN ONS	TÉ INTER
	Conditions, if ony, which gove rise to immediate couse (a), stating the	ETIPL	CLANULUMATOUS DES OGGE UN DETERI		16 10MG & L	IVEI
ICATION	gove rise to immediate couse (a), stating the underlying couse lost	(b) ON AS A CONSECUTION OF THE CONTRIBUTING TO	SRANULOMATOUS DE	NINED		
RTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSECUTION OF CONDITION FOR WHICH	CHANGE OF CHARTONS PS	E TERMINAL DISEASE OR CON  280 AUTOPSY?  YES D NO	206. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES	
. CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CO.  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSECUTION OF THE CONDITION FOR WHICE	CHANGE OF CHARLET OF THE CHAPTER OF	E TERMINAL DISEASE OR CON	206. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES	PEATH
CAL	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSECUTION ON DITIONS CONTRIBUTING TO THE CONDITION FOR WHICH HOUR A.M. MONTH P.M.	CHANGE OF CHARTONS PROPERTY OF THE CHARTON WAS PERFORMED  DAY YEAR  19	E TERMINAL DISEASE OR CON  280 AUTOPSY?  YES D NO	206. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES	PEATH
	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT COUNTY OF THE COUNT	DUE TO, OR AS A CONSECUTION OF THE CONDITION OF THE CONDI	CHANGE OF CHARTONS PORTER OF CHARTON WAS PERFORMED  DAY YEAR  19  211. LOCATION	E TERMINAL DISEASE OR CON  280 AUTOPSY?  YES D NO	206. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES 1	PEATH
CAL	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT COUNTY OF THE COUNT	DUE TO, OR AS A CONSECTION  ONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICE  216. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY JAT HOME, STREET, FACTORY, OFFICE	CHANGE OF CHARMED TO THE CHOPERATION WAS PERFORMED  DAY YEAR 19 211 LOCATION STREET	200 AUTOPSY?  YES NO COURRED (ENTER NATURE OF INJU	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES	F DEATH
CAL	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT COUNTY OF THE COUNT	DUE TO, OR AS A CONSECTION  ONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICE  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY 1AT HOME, STREET, FACTORY, OFFICE  21) ottended the deceased from	CHANGE OF CONTROL OF THE CHOPERATION WAS PERFORMED  DAY YEAR 19 211 LOCATION STREET  19 210 LOCATION STREET	200 AUTOPSY?  YES NO COURRED (ENTER NATURE OF INJU	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES IN THE MIS PART I OR PART 2)  OWN COUNTY  COUNTY	STOPE (1)
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CAL	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT COUNTY OF THE COUNT	DUE TO, OR AS A CONSECTION  ONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICE  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY IAI HOME. STREET, FACTORY, OFFICE  (a) ottended the deceased from (b) view the body offer death.	DEATH BUT NOT RELATED TO THE CH OPERATION WAS PERFORMED  DAY YEAR 19 211 LOCATION STREET  DEGREE  ATTEND PHYSIC 222 ADDRESS	280 AUTOPSY?  YES NO DECCURRED (ENTER NATURE OF INJUDENT), to Depution deoth occurred on the decimal of Director Physics	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES	ST.
MEDICAL	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT COUNTY OF THE COUNT	DUE TO, OR AS A CONSECTION.  DUE TO, OR AS A CONSECTION.  (c)  ONDITIONS CONTRIBUTING TO  196. CONDITION FOR WHICE  197. A CONDITION FOR WHICE  198. TIME OF INJURY  198. PLACE OF INJURY  198. THE TAKE THE TAKE TO THE TAKE THE TAKE TO THE TAKE THE	DEATH BUT NOT RELATED TO THE CH OPERATION WAS PERFORMED  DAY YEAR 19 211 LOCATION STREET  DEGREE ATTEND 222 ADDRESS  224 ADDRESS	280 AUTOPSY?  YES NO COURRED (ENTER NATURE OF INJUDENT), to STATE OF INJUDENT	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES	ST.
WEDICAL MEDICAL	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT COUNTY OF THE COUNT	DUE TO, OR AS A CONSECTION.  DUE TO, OR AS A CONSECTION.  (c)  ONDITIONS CONTRIBUTING TO  196. CONDITION FOR WHICE  197. A CONDITION FOR WHICE  198. TIME OF INJURY  198. PLACE OF INJURY  198. THE TAKE THE TAKE TO THE TAKE THE TAKE TO THE TAKE THE	DEATH BUT NOT RELATED TO THE CH OPERATION WAS PERFORMED  DAY YEAR 19 211 LOCATION STREET  DEGREE  ATTEND PHYSIC 222 ADDRESS	280 AUTOPSY?  YES NO COURRED (ENTER NATURE OF INJUDENT), to STATE OF INJUDENT	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES	ST (1) Susses sto

DHMH - 16 50M 4/83 (VRA 15, 4)

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retained by the hospital or attending physician.



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

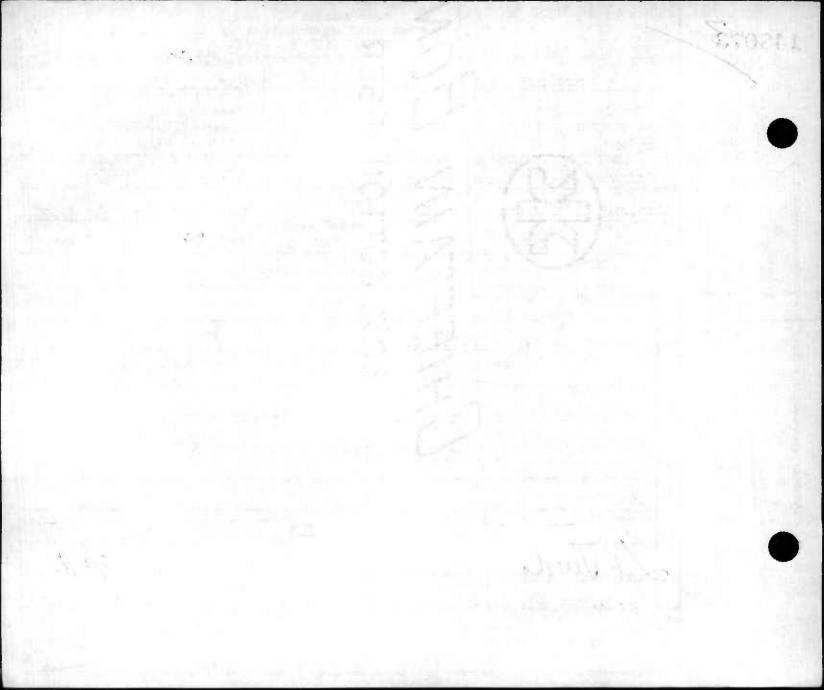
RE	EGISTRAR			CENTI	ICAIL OI DEATI		REG. NO	D.		
1. DECEA	SED NAME 145		MIDDLE	· ·	AST	7	a. DATE OF DEATH	MONTH D	AY YEAR	26. HOUR
lines.		aret (n	mi) Mc	Menam	en	i.	May 21,	1985	534	1:54Pm
3. SEX	Company of the Compan	4 RACE	4	5. DATE C		-	AGE (IN YEARS LAST BIR		ONINS DAIS	IF UNDER 24 HRS HOURS MIN.
1	Female	Whit	e	Marc	h 8, 1906	AR	79	YRS	O.N.N.S. DAYS	MOOKS MAIN.
Ja. BIRTH	PLACE (11/418 OF TONI G	76 CITIZEN OF	WHAT COUNTRY	Y? 8	NEVER MARRIE	ED KI 9	BALTIMORE CITY O	R COUNTY	OF DEATH	
Mar	yland	U.S.	A.	WIDOWE			Baltimore	City		MD
HE CITY O	OR TOWN OF DEATH		HOSPITAL, NURS		R OTHER INSTITUTION		TYPE OF WORK FOR MOST O			OF BUSINESS OR
	timore	Chur	ch Hospi	tal, I	nc.		Secretary		Machi	ne Mfgr.
Mar	yland Ba	iltimore	13c CITY OR TO Dunda 1	WN	13d INSIDE CITY LIN	K)	street address 7915 Char		nt Rd.	21222
	ER'S NAME	www.w/00x4	LAST		15. MOTHER'S MAIL				46	st
Will	lam.	Henry	Halĝra		Mary	]	Henriettä		Unk	nown
16a WAS	DECEASED EVER IN U.	S. ARMED FORCES? ES GIVE WAR OR DATES)	166 SOCIAL SE		17 INFORMANT		ADDRE		7.0	
N	(IF Y		213.03.	2362	Mary Pati	ricia	Martin (S	ame as	; 13e)	
18	PART I. DEATH WAS C	ter anly one couse pe	r line far rai, (b),	and ic.					BETWEEN	ONSET AND DEATH
		AUSED BY EDIATE CAUSE (a)	Respir	atory	failure					
	1/4//4/	DIAIL CAUSE (d)_								
		DUE TO, C	R AS A CONSEC							
C	onditions, if any, which	th ( 16)	C.O.P.	D.						
0	lave rise to immedia	te l								
	nose is stating the	DUE TO, C	R AS A CONSEC							
		(c)	Hypoxi							
	ART 2 OTHER SIGNIFICA	ANT CONDITIONS C	ONTRIBUTING TO	O DE ATH BUT	NOT RELATED TO TH	HE TERMIN	AL DISEASE OR CON	DITION GIVE	N IN PART 1	a
CERTIFICATION	DATE OF OPERATION	9h CONF	ITION FOR WHIC	CH OPERATIO	N WAS PERFORMED		200 AUTOPSY?	1206 IF YES	WERE FINDI	NGS LISED
윤 ""	South on the succession of	1,0 00.10	THO I VIOL VIII	ETT OF EXALTO	TO THE OWNED			IN CERTIFY	ING CAUSES	OF DEATH?
E -	E. ACCIDENT WAS UNDERSTO	9 7 216. TIME 0	DE IN ILIRY	-	171r HOW IN ILIRY	OCCUPRE	YES NOX		DI LOPPARI 2)	но 🗌
	CONTRBUTING CAUSE	DEDEATH HOUR A	.M. MONTH	DAY YEAR		OCCORRE	LEMIER MATORE OF MOTOR	THE TO SE	AT TORTHAILE	
	E INJURY OCCURRED		OF INJURY	19	211 LOCATION					
A A	elistina eli	FAT HOME ST	REET, FACTORY, OFFIC	E, FARM, ETC }	STREET		CITY OR TO	WN	COUNTY	STATE
	WORK   HOT WHAT			May	9	85	May 2	1,	85	
221	a.1 certify that (I this	hospital attended t	he deceased fran	0 = 1	, 19.		, 10			that (I) (we) lost
	sow the deceased all obout, (1) we juice (4)	ve on <u>11ay</u> 2	y after death.	03.01	d that in (my) (our)	pinion de	oth occurred on the de	te and haur	and from the	causes stated
221	SIZNATHRET V	1			DEGREE	- 11			22c. DAT	SIGNED
12	/ F. 1/W	16			ATTENI PHYSIC		MEDICAL STAI	IAN	1/2	115
4	PHYSICIAN'S NAME	TYPE OR PRINT)			22e ADDRESS	Chu	rch Hosp	ital	1	-
	L.K. Per	edo, M.I	).		100 N.		dway, Ba		MX MD	21231
	IAL, CREMATION, REMO			NAME OF C	EMETERY OR CREMA		23d. LOCATION		COUNTY	STATE
Cre	mation	5/22/	1985	reen M	ount Crema	atory		re		land

DHMH - 16 60M 7/B4

(VRA 15, 4)

24 FUNERAL DIRECTOR
Walter Brooks Bradley Inc., Dundalk Md. 21222

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Galia Varidoon-Rando 00



135638	FOR STATE REGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 5	4018
north day	1. DECEASED NAME FIRST		LAST	te on beam	DAY YEAR 26. HOUR P
A Sha	JEAN	Swann MCNAM	ARA	MAY 8, 1985	12:00 <sub>M</sub>
187	1 SEX.		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Female	Caucasian May	14 <sup>AY</sup> 1916	68 YRS	MONTHS DATS MOURS MIN.
1135	70 BIRIHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76. CITIZEN OF WHAT COUNTRY? 8. MARRII WIDOW	ED NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY BALTIMORE CITY	
33	BALTIMORE	11. NAME OF HOSPITAL, NURSING HOME (IFNOT INSUCH FACILITY GIVE STREET ADDRESS)  JOHNS HOPKINS HOSP		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOMEMAKET	126. KIND OF BUSINESS OR INDUSTRY Own home
113	MD RESIDENCE (IF NURSING HOME)	DUNTY 13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e STREET ADDRESS / ZIP CODE 9659 Muirkirk	
1000	H FATHER'S NAME FIRST Benjamin	Gorman Swann	15. MOTHER'S MAIDEN NA/		Guvther
17 5	AS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECURITY NO.	17 INFORMANT daus	ghter ADDRESS 23 entham Waldor	20 Pinefield
physical controlled by the state of the stat	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAI	r only one cause per line for (a), (b), and (c) USED BY: DIATE CAUSE (a) CON dio ~ Rey		lure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death as otherhos over carb	Canditians, if any, which	DUE TO, OR AS A CONSEQUENCE OF	w.e_		I wk
CSO # # # # # # # # # # # # # # # # # # #	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	stinal obst	action	1140
The state of the s	-	NT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 11a
3	COAGUOD  VE DATE OF OPERATION  AUMENOUS  210. ACCIDENT WAS UNDERLYING	96 CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY? 20b. IF YES IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH DAY YEAR	33	RED (ENTER NATURE OF INJURY IN ITEM 18 P)	
X Part	(IF EITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	71f LOCATION STREET	CITY OR TOWN	COUNTY STATE
Heady Hot. at to see of Head	saw the deceased alive	aspital) attended the deceased from 5 1 an 5 8 19 85 , a	nd that in (my) (aur) apinian c	to 5/8 death accurred an the date and haur	19, that (I) (we) last r and fram the causes stated
AL DIRECTORY OF THE PROPERTY O	776. SIGNATURE	e MO	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 5/8/85
Eurice CEUNE oud be of the St	Danie	PEORPRINT) HThomas	220 ADDRESS Johns Hon	okins Hospital.	Baltimore MD
8P	230. BURIAL, CREMATION, REMOVE LIPE PROPERTY IN THE PROPERTY I	7AL 236 DATE 236 NAME OF 6 5/11/85 Mt. O	CEMETERY OR CREMATORY I	Washington	COUNTY STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERALDIRECTOR The Huntt Fu	neral Home, Waldor	25a. DATI	E REC'D. BY REGISTRAR 256. REGISTI	Davidson Pende

TO THE RESERVE OF THE PARTY OF

290 Ville Warman Land Asset Manager Ville Committee Comm

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STATE OF MARYLAND 1144013 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME FIRST MIDOLE 2a DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) CART. FREDERICK MEISER 05 18 85 8:20 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF LINDER 24 MRS 3. SEX MONTH DAY Male White 05 02 05 80 7a BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City Maryland U.S.A. WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Compositter St. Agnes Hospital INDUSTRY Baltimore Sun Paper 13g. STATE BL COUNTY 13e.STREET ADDRESS / ZIP CODE Md. 21228 13t CITY OR TOWN Maryland Baltimore Catonsville 404 Overbrook Rd. Catonsville. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Frederick MIDDLE Meiser Marguerite Louise Korn 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES NO DUNKNOWN) LIF YES, GIVE WAR OR DATEST 213-03-2329A Marie Meiser Same as 13E. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) WIDELT METASTATE CARCINONA DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse pleo PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 LYMPHONA MAZIGNAN priar 19 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? per 18 shows YES DO NO NO [ the burial-tronsity and Mental Hygier 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF GEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21s PLACE OF INJURY 21f LOCATION marked or CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) WHILE NOT WHILE 22a.1 certify that NL (this haspital) attended the deceased from haspital DIRECTOR. and that in (my) (fur) opinion death occurred on the date and hour and from the causes stated detoched i 27h SIGNATURE DEGREE 22c. DATE SIGNED -ATTENDING MEDICAL STAFF M.D. the Stote FUNERAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS PERMI HAY 23a BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

Loudon Park Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY)

Burial

<sup>24</sup> FUNERAL DIRECTOR 1630 Edmondson Ave. Catonsville, Md. 21228 Leroy M. & Russell C. Witzke Funeral Home

5/21/85

Maryland

- we surgeon handalle

Baltimore

CITY OR TOWN

y the funeral director, page 3 ed within 72 hours ofter death

must be hopified at once.

medical exam

ofter death. Page 4 may be

FOR DE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	•	6	•	610	13-48	

REGISTRAR			••••••	TORTIO OF DEPARTMENT	. REG. N	10.		
I. DECEASED NAME FIRST	,	MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
ARCH	IE		ME	LTON		18,	1985	9:57E
3. SEX	4. RACE		5. DATE O		6. AGE (IN YEARS LAST BI	PIHDAY	MONTHS DAYS	HOURS MIN
Male	Black		777	2/15 DAY YEAR	69	YRS.		
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUN	MARRIE	D H NEVER MARRIED	9 BALTIMORE CITY	<u>)R</u> COUNT	Y OF DEATH	
N.C.	US		WIDOWI	ED DIVORCED	Baltimo			M
Baltimore	Churc	h Home	STREET ADDRESS) Hospita	OR OTHER INSTITUTION  a1	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST)			OF BUSINESS O
JSUAL RESIDENCE (IF NURSING HOME O 30. STATE 13b. COU	ROTHER INSTITUTION NTY	13t. CITY OF Balto	RTOWN	13d. INSIDE CITY LIMITS? YES 200 NO	13e STREET ADDRESS 201 N. Bro	adway	St. 21	231
FATHER'S NAME	WIDDLE	LAS	ST	15. MOTHER'S MAIDEN NAM	ME MIDDLE		LAS	ST
Luther	Me1t			Adeline		Melt		
WAS DECEASED EVER IN U.S. A	RMED FORCES?		SECURITY NO.	17. INFORMANT	935 ASP	. Nic	holas A	ve.
(YES, NO OR UNKNOWN) (IF YES, G		245-1	10-7151	Shirley Melto	n N.Y. 10	032 A		
18. CAUSE OF DEATH (Enter of	inly ane cause per	line for (a), (	(b), and (c)				BETWEEN	MATE INTERVAL ONSET AND DEATH
PART I. DEATH WAS CAUS	ED BY: TE CAUSE (a)	CAPD	TAC APP	FST.				
	DUE TO O	PAS A CON	SEQUENCE OF					
Canditians, if any, which	( , )			INFARCTION				
gave rise to immediate	) (6)—			211211111111111111111111111111111111111				
cause (a), stating the underlying cause last.	DUE TO, OI		SEQUENCE OF	OTIC CARDIO	MACHITAD	DISE	AGE	
PART 2. OTHER SIGNIFICANT	(c)							
							IVEN IN PART III	0,
STATUS PU				BROVAS CULAR	200 AUTOPSY?	20b. IF Y	ES, WERE FINDIN	NGS USED
STATUS PO					YES NO X	IN CERT	IFYING CAUSES	OF DEATH?
210. ACCIDENT WAS UNDERLYING	11101110 4		LL DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJ	JRY IN ITEM 18	PART 1 OR PART 2}	
	AIN		H DAY YEAR					
OF CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211. LOCATION			COUNTY	60.25
WHILE NOT WHILE AT WORK	(AT HOME, STE	REET, FACTORY, C	OFFICE, FARM, ETC.)	STREET	CITY OR TO	JWN	COUNTY	STATE
220.1 certify that (I) (this has	Stal Battended th	e deceased	from MAY	18 19.85	to MAY	8	19_85	that (I) (weDo
saw the deceased alive o abave, (I we did ) did n	MAY	18	19 85 , o	nd that in (my) Our pinian	death accurred an the c	late and ho		
abave, (Mweyldid) Aud n	at wew the body	ofter death.	1	DEGREE			22c. DATE	
1990,17	Y	111.		ATTENDING PHYSICIAN	MEDICAL STA		MAV	18.198
224 PRYSICIAN'S NAME 1719	DIMMI	-		1220 ADDRESS				
BLAIR P.	GRUBB,	MD.			H HOSPITA			
30. BURIAL, CREMATION, REMOVA		110.	23c NAME OF C	L100 N. BRO	ADWAY BZ		CKE MI	
(SPECIFY)		85			CITY OF TOWN		COUNTY	C . STATE
	31 631	0.5	Adiand	250 DAT	F REC'D. BY REGISTRAL	255 REGI	STRARS SIGNIA	and a line
Burial FUNERAL DIRECTOR		85		er Cem.	E REC'D. BY REGISTRAL Y 2 2 1985	25b. REGI	N.	C.
Chas.A.Rice FS	SPA 130	0 Euta	w Place	MA	1 4 4 1900	1		

DHMH - 16 50M 4/82 (VRA 15, 4)

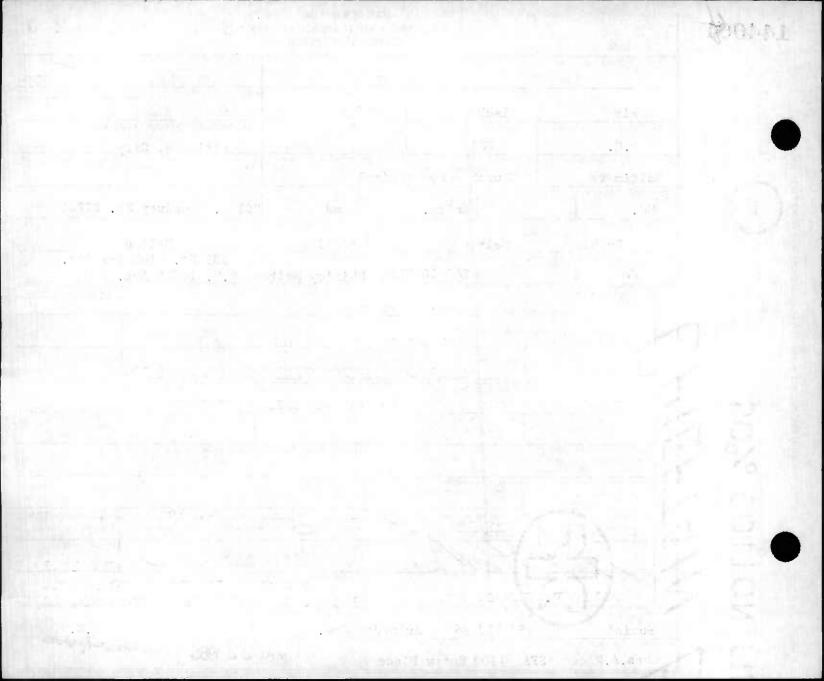
BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and coshould be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar ather traumotic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

etained by the hospital or attending physician.



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20 DATE OF DEATH MONTH 76 HOUR (TYPE OR PRINT) 1985 10 William Barnes 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH male Oct. 4.1919 White 65 70 BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX Baltimore City Maryland USA WIDOWED DIVORCED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12st USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Mercy Hospital Vocational (TYPE OF WORK FOR MOST OF WORKING LIFE) Supervisor Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 1136 COLINTY 120 CITY OR TOWNS Counselor Rehab. Service 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Baltimore 1611 W. Rogers Ave. Maryland YES TX 21209 NO [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST LAST Ethel Barnes William Melville 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT 4606 Lake Trudy Dr. 16h SOCIAL SECURITY NO LYES NO OR UNKNOWN LIE YES GIVE WAR OR DATEST No 219-01-0704 W. David Krieger St. Cloud, Fla. 32769 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Card to love manary Grrest DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which liver failure cirrhas: gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying lost. couse renal PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CERTIFICATION 0 Varices 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED D IN CERTIFYING CAUSES OF DEATH? and Mental Hygiene YES T 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH DAY YEAR WEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 20 71d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME STREET FACTORY OFFICE FARM ETC.) CITY OF TOWN COUNTY STATE orked NOT WHILE 220 | certify that (I) (this haspital) attended the deceased from APRIC 10 sow the deceased alive on may 10 above, (1) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated Dept. 22b. SIGNATURE DEGREE 77c DATE SIGNED MEDICAL STAFF should be deto 5110185 MO DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22e ADDRESS 23a BURIAL CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION

Greenmount

ADDRESS 6500 York Rd.

Baltimore City, Maryland

23b. DATE

May 13.1985

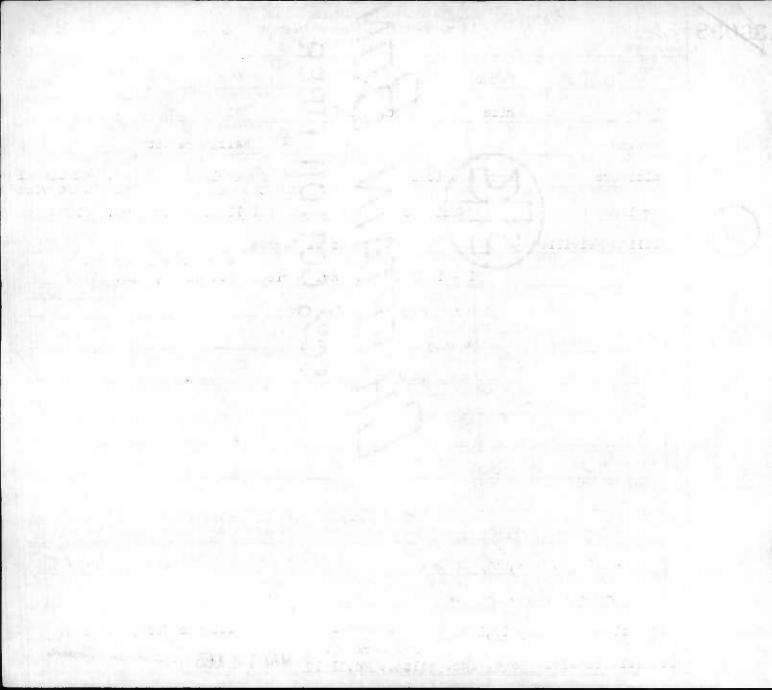
Mitchell-Wiedefeld Home, Inc. Balto., Md.2121

DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY)

Cremation

24 FUNERAL DIRECTOR



141098 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME EIRST 20. DATE KNOWN TX 2b HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18, GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. BAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FILES. TO FUNERAL DIRECTOR. PAGE 3 SHOULD BE FOR SHOULD BE OF SHOULD BE DEPENDED BY THE SHOULD BE SHO Melvin James A. 16/9 85 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE MONTH 5 4 ST BIRTHDAY) 29 PRONOUNCED 31 Black 4 Male DEAD 5/16/ 1985 TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTR MARRIED NEVER MARRIED X USA Baltimore City, WIDOWED [ DIVORCED II. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! FOR MOST OF WORKING LIFE) OR INDUSTRY 2770 Riggs Ave. Baltimore USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 130. STAJE 13h COUNTY Baltimore 13d. IHSIDE CITY LIMITS? 13e. STREET ADDRESS DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120 2720 Riggs Ave. 21216 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Carter Gerley Melvin Catherine 7 INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-26-5089 Catherine Carter 2720 Riggs CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease IMMEDIATE CALISE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NOX YES 21g EXTERNAL CAUSE WAS 21b. TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 19 214 INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE NOT WHILE AT WORK AT WORK InspectionXX 22a. I certify that I took charge of the remains described above, held on Autopsy and in my opinion Natural causes XX death resulted from: Accident Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL 5/16/85 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. Penn St (TYPE OR PRINT) ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY STATE (SPECIFY) Baltimore MD 5/20/85 Eastview Mem. Pk. Burial BP 07/84

25M

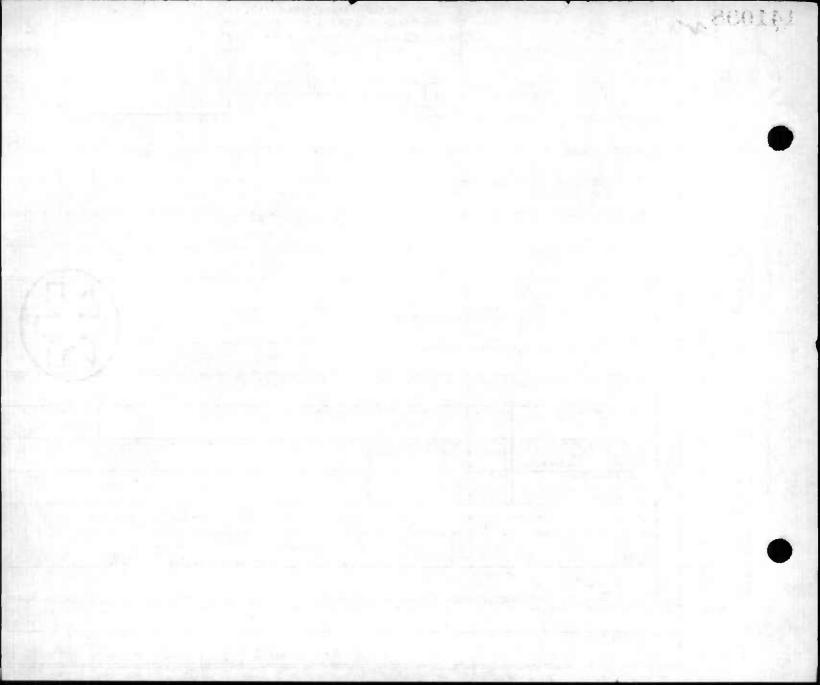
**DHMH - 17** (VR A15 ME (5))

24. FUNERAL DIRECTOR NAME C. March F/H 1101 E. North Ave.

BY REGISTRAR

256 REGISTRAR'S SIGNATURE

a varieson-Pondalle



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR				CERTI	FICATE OF DEATH	REG. NO	<b>5</b> .		
1. DECEASED NAME (TYPE OR PRINT)	WILLIA		MIDDLE	MET	LAST LIN	20 DATE OF DEATH	24	85	26. HOUR 4:55a
Male Male		4 RACE	sian	5. DATE		6 AGE (IN YEARS LAST BIR		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
BIRTHPLACE (STATE ( COUNTRY)  Pennsylvai			WHAT COUNTR	Y? 8 MARRIE WIDOW	D NEVER MARRIED	9 BALTIMORE CITY O BALTIMOR			ME
BALT IMO	PEATH ORE	Loch	Raven	EET ADDRESS)	OR OTHER INSTITUTION HOSpital	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Driver			F BUSINESS OR
USUAL RESIDENCE (IF NI 130. STATE	136 COUP		GIVE RESIDENCE BEFI 13c. CITY OR TO Bal	NWC	YES NO [	13e.STREET ADDRESS / 99 Stemu		un Road	1 21221
14 FATHER'S NAME FIRST		MIDDLE	LAST		Haze I	MIDDLE		LAS	ī
160 WAS DECEASED EV (YES, NO OR UNKNOWN) Yes		E WAR OR DATES)	166 SOCIAL SE		Ms. Delor	a Winfelder	14.	1ston,	
18 CAUSE OF DE. PART 1. DE ATH		ily one couse per D BY: [E CAUSE (o)	Presur	ned	Sepsis			BETWEEN	day
Conditions, if o			RAS A CONSEC Decreas		white Blood	Cell Cou.	11	1	week
gove rise to i couse (a), sta underlying cou	oting the		RAS A CONSEG	VOLITCE OI	Presumed Be from Prostat	te Cancer		Mo	nths
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GI BI	A	19b. COND	ITION FOR WHIC	CH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
On COLUMNIA TO TO	CAUSE OF DE	HOUR A.	M. MONTH	DAY YEAR		RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAI	RT I OR PART 2)	
AT WORK AT	WHILE WORK		REET FACTORY, OFFIC		211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
220. I certify that sow the dece obove, Au (we		tal) attended the MAY		MAY 1 85	1 19 85 and that in XX) (our) opinion		nte ond hour		th (we) lost couses stated
226. SIGNATURE Mark	all	_ Wa	en r	10	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAF	FAN	22c. DATE	SIGNED 24 / 85
Mark	All an	Wall	ken, I	70	27e ADDRESS				
230 BURIAL, CREMATION (SPECIFY) Removal	n, removal	236. DATE 5/24/8		NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
24 FUNERAL DIRECTOR	TOMY E	OARD	ADDRESS	BALTO.	11111	TE REC'D. BY REGISTRAR	25b. REGISTR	AR'S SIGNAT	ABC

DHMH - 16 60M 7/B4

MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or ather traumatic event, the

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottent should be detached for use as the burial-transit permit. Then please remave as with the State Dept. of Health and Mental Hygiene prior to burial, cremation, a

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or ottending physician

BP

(VRA 15, 4)

ANATOMY BOARD

BALTO., MD.

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executed

certificate be

that the death

PHYSICIAN: The attending physician.

OR ATTENDING à

retained by the haspital TO HOSPITAL

BP

FOR - STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

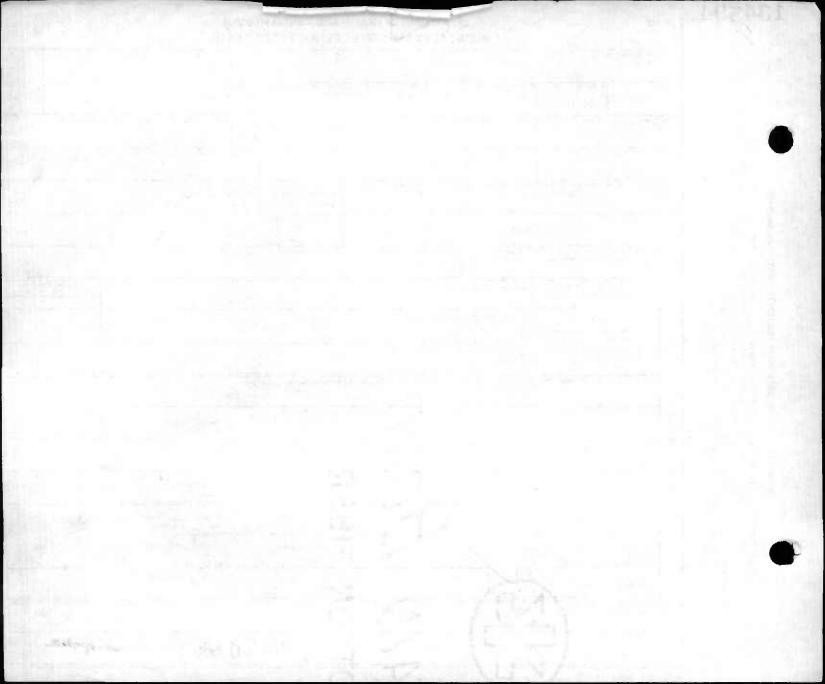
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						FICATE OF DEATH	REG. N	10.			
		CEASED NAME OR PRINT)	ROR	MIDDLE		LAST	2a. DATE OF DEATH	MONTH	DAY YE	1.0	HOUR 33
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	3. SEX	F	4. RACE	13.	5. DATE	I am The con-	6. AGE (IN YEARS LAST B	RTHDAY)			UNDER 74 HRS
5		RTHPLACE (STATE OR FOREK		OF WHAT COU	MARRIE WIDOW	ED NEVER MARRIED DIVORCED	9 BALTIMORE CITY	OR COUN	-		MD
8	10 CI	TY OR TOWN OF DEATH	(IF NOT	11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  UNIVOF  OF  OB			126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
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20		THER'S NAME FIRST	MIDDLE	Rop	asi Ripusan	15 MOTHER'S MAIDEN NA	MIDDLE		Ro	LAST CEPA	5 4/4
	16s \\((Y)	(#	I.S. ARMED FORC YES, GIVE WAR OR DAT	ES? 166 SOCIA (5) 107-	39-1300	Sgt. E5 Bra	andon Mil	es 5			
		IN CAUSE OF DEATH (EG	nter only ane caus	52		ATH			BETW		DAYS
		Canditions, if any, wh gave rise to immedia cause (a), stating underlying couse la	ate DUET	b)	ISEQUENCE OF	Hemorran	G t				
9	ICATION	gave rise to immedia cause (a), stating underlying couse lo	ate the DUET ast.	O, OR AS A CON	RAPPERANE	TNOT RELATED TO THE TERM		20b. IF Y	GIVEN IN PAR YES, WERE FII TIFY ING CAU	NDINGS	
9	RTIFICATION	gave rise to immedia cause (a), stating underlying couse la PART 2 OTHER SIGNIFIC	DUE T CANT CONDITION	O, OR AS A CON  S)  S CONTRIBUTING  DINDITION FOR Y	RAPPERANE	T NOT RELATED TO THE TERM	200 AUTOPSY?  YES NO	20b. IF Y	YES, WERE FII TIFYING CAU YES []	NDINGS ISES OF	
99	ICAL CERTIFICATION	gave rise to immedia cause (a), stating underlying couse le  PART 2 OTHER SIGNIFIC  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING  (# EITHER, NOTIFY MEDICALE)	DUE T 255	O, OR AS A CON SCONTRIBUTION ONDITION FOR WE OF INJURY R A.M. MONT P.M.	RAPARAME  ISEQUENCE OF  IG TO DEATH BUT  WHICH OPERATION	T NOT RELATED TO THE TERM ON WAS PERFORMED  21c. HOW INJURY OCCURI	200 AUTOPSY?  YES NO	20b. IF Y	YES, WERE FII TIFYING CAU YES []	NDINGS ISES OF	DEATH?
9	MEDICAL CERTIFICATION	gave rise to immedia cause (a), stating underlying couse le  PART 2 OTHER SIGNIFIC  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING  CAUSE	DUE T 2551.  CANT CONDITION  19b. Co  ING 21b. TI  E OF DEATH  KAMINER)  21e. PL  21e. PL	O, OR AS A CON O, OR AS A CON US CONTRIBUTION ON THE CONTRIBUTION FOR WE OF INJURY R A.M. MONT	ISEQUENCE OF  WHICH OPERATIO  IH DAY YEAR  19	T NOT RELATED TO THE TERM  ON WAS PERFORMED  11. HOW INJURY OCCUR	200 AUTOPSY?  YES NO	206. IF Y IN CER URY IN ITEM II	YES, WERE FII TIFYING CAL YES   8 PART I OR PAR	NDINGS ISES OF N	DEATH?
99		gave rise to immedia cause (a), stating underlying couse le  PART 2 OTHER SIGNIFIC  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (# ETHER, NOTHY MEDICALE)  21d. INJURY OCCURRED  WHILE AT WORK  22a.1 certify that (Inclusive)	and DUET  ANT CONDITION  196. CO  ING 216. TI  E OF DEATH  AAMINER)  21e. PL  AAMINER  A HOSPITOD attend	O, OR AS A CON- O, OR AS A CON- ONE OF INJURY R A.M. MONT P.M.  ACE OF INJURY RE, STREET, FACTORY.  Red the deceased	ISEQUENCE OF  WHICH OPERATIO  TH DAY YEAR  19  OFFICE FARM ETC.)	T NOT RELATED TO THE TERM  ON WAS PERFORMED  21c. HOW INJURY OCCUR!	200 AUTOPSY?  YES NO RED (ENTER NATURE OF IN)  CITY OR T	20b. IF Y IN CER' URY IN ITEM II	YES, WERE FII TIFYING CAU YES 8 PART LOR PAR COUNT	NDINGS ISES OF N	STATE
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-	23e. B	URIAL, CREMA		23b DATE		23c.	NAME OF C	EMETERY C	OR CREMAT	ORY	23d. LC	CATION			COUNT			
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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT

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1.	FOR STATE REGISTRAR		DEPA		EALTH AND MENTAL	HYGIENE 8	REG. NO.		4 0	20
1. DE	CEASED NAME	FIRST	MIDDLE	l.	AST	2a. DATE		ONTH DAT	YEAR	26 HOUR
(TYPE	E OR PRINT)	Anthone	y Joseph	M	iller. Sr.	M	zu 31.	1985		2:00 a
3. SE	x	4. RA		5. DATE C		6. AGE (	N YEARS LAST BIRTH		UNDER L YEAR	IF UNDER 24 HRS
	Male		White	MONTH	rch 20. 191	14	71	YRS.	NIHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR	FOREIGN 7b. C	ITIZEN OF WHAT COUNT	19V2 II	NEVER MARRIED	9 BALTIA	ORE CITY OR	COUNTYO	FDEATH	
5	Maryl	and l	ISA	WIDOWE		/ )	altimor	e (ity	L	WD
-	Baltimore		NAME OF HOSPITAL, NUI		ROTHER INSTITUTION	120 USUA HYPE OF W	OCCUPATION OF ORLEON	WORKING LIFE)	INDUSTRY	of Business or Lowney
13a. S		13b COUNTY	R INSTITUTION, GIVE RESIDENCE BILLIAN BALLI	EFORE ADMISSION)	13d. INSIDE CITY LIMIT YES 🛣 NO 🗌	130.STREE	T ADDRESS /	ZIP CODE	C1	ss (o.
14 F/	ATHER'S NAME Hartman	MIDDL	e Mill	en	is mother's maider  Mangan		WIDDLE		Nares	key
	WAS DECEASED EVER	IN U.S. ARMED		SECURITY NO.	17 INFORMANT		ADDRES			0
1	no no	(IF TES, GIVE WAR	215-0	9-5873	Stella Vi	irginia i	Miller	Same	e as #	13
N	Conditions, if ony gove rise to im cause (o), stati underlying cous	mediate ng the e lost.	(b)  DUE TO, OR AS A CONSE  (c)  DITIONS CONTRIBUTING		LOPD, ISYPERT NOT RELATED TO THE				IN PART 1	o
CERTIFICATION	19a DATE OF OPERA	TION	CONDITION FOR WHICH OPERATION WAS PERFORMED			200 At	JTOPSY?			NGS USED OF DEATH?
77	21a. ACCIDENT WAS UN OR CONTRIBUTING [	CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OC	CCURRED (ENTER	NATURE OF INJURY	IN ITEM 18 PAR	T 1 OR PART 2)	
MEDICAL	216. INJURY OCCUP	ние 📑	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOW	/N	COUNTY	STATE
	sow the decea obove, (1) (we)		ottended the deceosed from	19 8 , 01	, 19 nd that in (my) (••••) ap	77 to_	rred on the dot	le and hour o	nd from the	
	22b. SIGNATURE		Inder Sur	je .	DEGREE  ATTENDIT PHYSICIA	NG MEDICAN DIRECTO	AL STAFF OR PHYSICI		6-	1 - 85
	Dr. Sing		ir)		2301 Anna	apolis R	oad, Ba	ltimor	re, Md	. 21230
	BURIAL, CREMATION (SPECIFY) Buria		6/3/1985	231 NAME OF C	EMETERY OR CREMATE Hill Cemete	eny Ba	CATION Liver Town Ltimore	, A. t	COUNTY CO.	Md. STATE
24 F	oully Fun	eral Hor	nes 237 E.		co Ave., 25	JUN 4	Y REGISTRAR 2	Sh. REGISTRA	AR'S SIGNAL	TURE TO SERVICE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low evoined by the hospitol or ottending physicion.

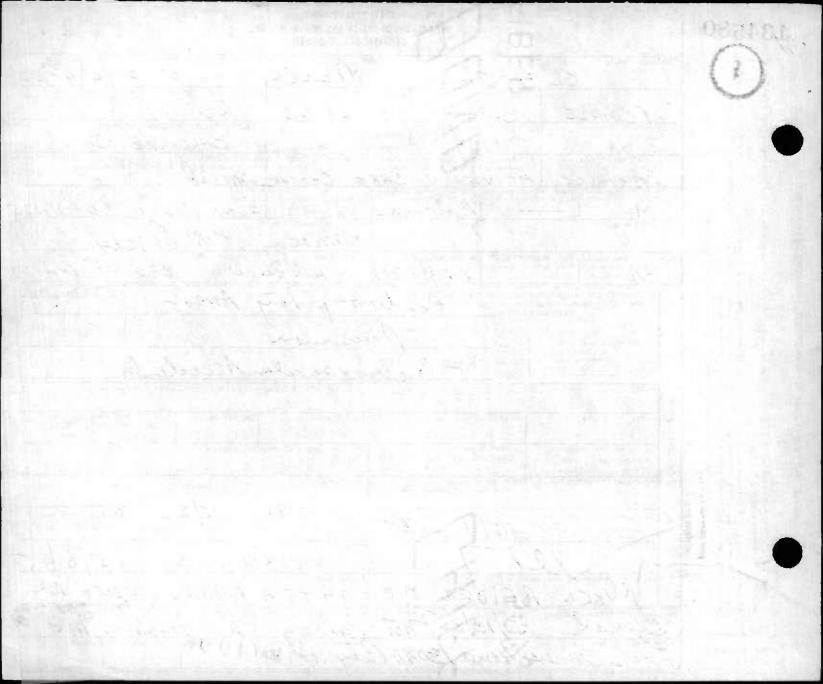
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3		and	0	La	1
REG. NO.					

	1			STATE OF MARYLAND		
4580	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 5	4021
		REGISTRAR			REG. NO.	
[ ]		CEASED NAME FIRST	MIDDLE	LAST CA : 50	to DATE OF DEATH	DAY YEAR 26. HOUR
PIJ		E-L/	FHOEV 14	MILLER	. 5	8 85 4 AM
is <del>⊈</del>	3 SE	X	1. RACE	5. DATE OF BIRTH  MONTH DAY, YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
urs		FEMALE	BLACK	8 29 23	OO YRS.	
5 Po		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	1 .
5 5 6		USA	USA	WIDOWED DIVORCED	BALTIMORI	
by the fu	10. C	BALTIMURE	(IF NOT IN SUCH FACILITY, GIVE STREE MT VERNON	NG HOME OR OTHER INSTITUTION TADDRESS)  CARE CENTER	(TYPE OF WORK FOR MOST OF WORKING LE	12b. KIND OF BUSINESS OR INDUSTRY
filled in ould be in	13a.		- CANADON /	RE ADMISSION)	130 STREET ADDRESS / ZIP CODE 2600 ROUN I	
She she	14. F.	ATHER'S NAME		15 MOTHER'S MAIDEN NA		, 0, 2,00
Se S		FIRST	MIDDIE	marca	- MARCE COV	ander LAST
		WAS DECEASED EVER IN U.S. A		-7	ADDRESS	1-0
on ond cr. Poges		YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES) 214-38	-5889 S, ANDEI	eson 808	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
physicie n poper movol.		PART I. DEATH WAS CAUS	inly one couse per line for (o), (b), o ED BY: ATE CAUSE (o)	oder 100 puls	y Arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
or re		IMMEDIA	DUE TO, OR AS A CONSEQU	ENCE PA		
ion,		Conditions, if ony, which	(b)	Thereared a	- Tarrash to	
remo emot		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	JENCE OF	- 400	1
d by the lease reiol, crerior or other		underlying couse lost.	(c)	alles Vercul	2 Malle	<u> </u>
bur bur	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	VEN IN PART 110
rmit. The prior to ony inju	E S	19a DATE OF OPERATION	The CONDITION FOR WHICH	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
os bee	CERTIFICATION	THE DATE OF OPERATION	198. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTI	FYING CAUSES OF DEATH?
buriol-tronsit per Mentol Hygiene Mentol Hygiene	ERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCUR	YES NO YE	PART T OR PART 21
ntol Hy		OR CONTRIBUTING CAUSE OF DE		DAY YEAR		
Mentol or Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 218, INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	211. LOCATION		
the ond ked o	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE	FARM ETC ) STREET	CITY OR TOWN	COUNTY STATE
use os Heolth is mork		27a L certify that (I) (this base	pital) attended the deceased from	10 8	10 5/8	19 3.5 that (I) (we) lost
for us of He 21 is		sow the deceased alive a	n A 4 19	ond that in (my) (our) opinion	death occurred on the date and hou	
		obove, (I) (we) (did) (did n	ot) view the body ofter death.	DEGREE		22c DATE SIGNED
0		/	0/	ATTENDING S	MEDICAL STAFF	5/8/20
STORE	1	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	PHYSICIAN A	SIRECTOR PHYSICIAN	10/0
Should be de with the Stote		RUBEN	REIDER	M.D. 7445,	A FURNACE OB	RANCH RO
	23a.	BURIAL, CREMATION, REMOVA	1 3 DATE 3 85 736	NAME OF CEMETERY OR EREMATORY	23d LOCATION CHITY OR TOWN	TROUND HOT THE
P	24 F	UNERAL DIRECTOR	211	256.DA	TE REC'T. BY REGIS PRO 256, REGIS	RAR'S SIGNATURE
1 - 16 50M 4/83	1 7	BNAME THAT	All Atom o post	AD (Suballing V	AY I U BOOK	

DHMH - 16 50M 4/83 (VRA 15, 4)



1-	#5,6,Fil FOR, STATE REGISTRAR	mG604 6/	/3/85 kam	STA DEPARTMENT OF DICAL EXAMIN	HEALTH	MARYLAND I AND MENTAL H CERTIFICATE O	YGIENE F DEATH	REG.	1 4	Ü	2	8
	CEASED NAME	FIRST		MIDDLE		LAST	20 DAT	E KNOWN		DAY	YEAR	2b HOUR
(TY	PE OR PRINT)	Ernes	st W.		Mi	ller	OF DE A	H MATED	□ 5	6	1985	8A
3 SE	X 4.	RACE		1910 6. AGE (IN Y	EARS IF UN	NDER 1 YR. IF UNDER			HTHOM	DAY	YEAR	2d HOUR
Μa	ale (	Cauc.	5-12-1	7	RES.	HS DAYS HOURS	MIN PRONC	UNCED AD	5	6	1985	8:05
Ja-B	IRTHPLACE (STATE	OR	76 CITIZEN OF WI			IED NEVER MARRI	P. BALT	IMORE CITY	OR COUN			1
Mo			USA		WIDOW	_		ltimo	re Cit	V.		MC
10. C	ITY OR TOWN OF	DEATH		PITAL, NURSING HOM	E. OR OTH	ER INSTITUTION	120 USUAL OC	UPATION (		12b. KIN	ND OF BU	ISINESS
	Baltimo	re		McElderry	Stree	et	Machi					Can (
	AL RESIDENCE (IF	N NURSING HOME OF	ROTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADMISS		13d. INSIDE CITY LIMITS?	13e STREET ADD		2	120		
	id.	130. COOI41	The same	Balto.		YESX NO		cElde	errv	Str	eet	
14. F	ATHER'S NAME		MIDDLE	tast		15 MOTHER'S MAIDE		WIDDLE			LAST	
	rederic		liller	4401		Amelia	Raulir				- 101	
60.	WAS DECEASED E	VER IN U.S. ARM	MED FORCES?	166 SOCIAL SECURI	IY NO.	17. INFORMANT		ADDŖE	SS	212	18	
	lo			214-03-4	170	Margare	t Acor	1512	Loch			oad
	18. CAUSE OF D			far (a), (b), and (c).)						AP	PPROXIMATE	
AS A BURIAL -TRANSIT PERMIT. PAGES 1 AND EALTH AND MENTAL HYGIENE, DIVISION OF V. CREMATION, OR REMOVAL.	PARTIDEAT	H WAS CAUSED	E CAUSE (a) A	rterioscler	otic	cardiovasc	ular dis	ease				
	100			AS A CONSEQUENCE								
		if any, which to immediate	(b)									
		ating the under-	< /	AS A CONSEQUENCE	OF							
			(c)	6"3								
_	PART 2 OTHER SIGNI	FICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL OISEAS	E OR CONDITION GIVEN IN PAI	RT 1 10					
O				ructive pul		4						
CERTIFICATION	19a. DATE OF OI	PERATION	19b. CONDI	TION FOR WHICH OPE	RATION W	AS PERFORMED?				20 A	AUTOPSY?	,
RTIF											YES 🗆	NO [X
CE	210. EXTERNAL		21b. TIME OF HOUR A.M	FINJURY A. MONTH DAY YEA	21c. H	OW INJURY OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM	18 PART I OR PA	ART 2)		
CAL		OR CAUSE OF D	EATH P.M	1. 19								
MEDICAL	216 INJURY OCC		21e PLACE (	OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION	CITY OR	TOWN	CC	OUNTY		STATE
-		T WORK										
	220. I certify t	hat I taak charge	e of the remains des	cribed above, held an	Autap	sy , Inspection	n X . Inqui	ry [].	and in my a	pinion		
	death resulted		al causes X.		vicide 🗌	, Homicide .	Undetermined		].			
				DIN		TITLE (SPECIFY)						
	ACTUAL SIGNATURE		1		M	Assistan	t MEDICAL FY	AMINER	DATE	ED C	5/6/8	35
			-									- 11
1	(TYPE OR PRINT)	ME Gr	regory R.	Kauffman,	M.D.	ADDRESS_ 111	Penn St	. Ba.	lto.MD	).		
23o. E	URIAL, CREMATIC			23c. NAME OF CE			23d. LOCATION	1	CO.	YIMI		TATE
	specify)		5- 9-85	St. Ma	tthe	w's Cem.	Bal	to.,	Md.	31701.1	51	ATE
24 F	UNERAL DIRECTO	R	- 1 TT ADDRESS	- 7			REC'D. BY REGIST	RAR 256 RE	GISTRAR'S	SIGNAT	HARL	
20	21 Drob	Funer	al Home	, inc.	2121	MAY	7 1985	- Alona	المناطقة			*
ئدد	or Brer	uus-ban	e, Balt	o., Md.	4141	3						

### STATE OF MARYLAND

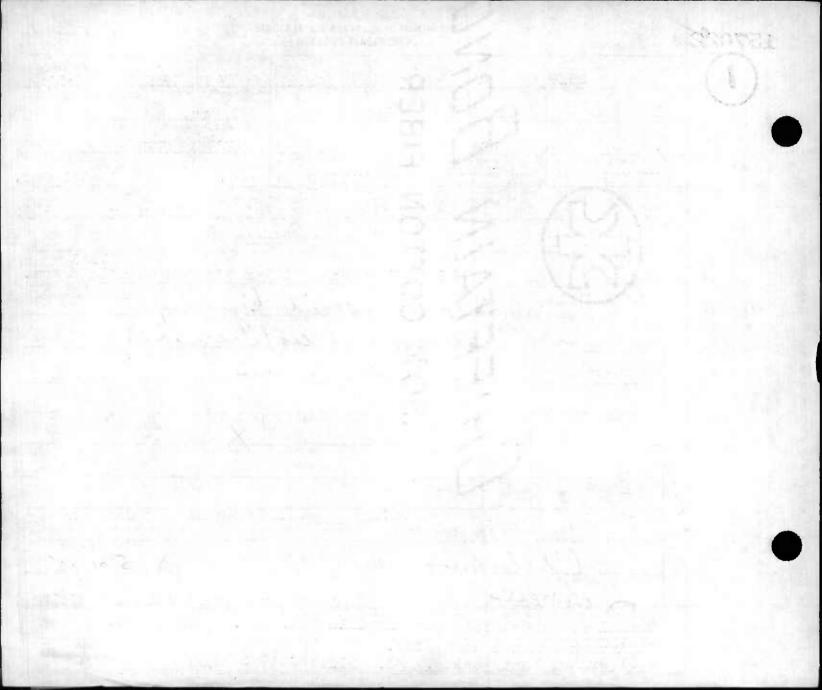
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28	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	140	) 2 9		
1		EASED NAME FIRST		MIDDLE	L	AST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR		
)		LER	)Y	V		LLER Jr.	MAY 30, 1985		2:14p M		
/	\$ 5E)		4 RACE	14,1311	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS	HOURS MIN.		
	Ma		Cauca			29-1924	61 yrs. YRS				
35	Md	-	Ţ	F WHAT COUNTRY? JSA	WIDOWE		BALTIMORE CITY OR COUNT	У	MD.		
2-1		LTIMORE	{IF NOT IN S	UCH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION  BALTIMORE  12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I Computer Ope		176 KIND OF BUSINESS OR INDUSTRY  r. Social Sec			
3		L RESIDENCE (IF NURSING HO) TATE 13b. C	ME OR OTHER INSTITUTION OUNTY	131. CITY OR TOWN	/N	13d INSIDE CITY LIMITS? YES A NO	13e.STREET ADDRESS / ZIP COD 612 N. Milto		ue 2120		
	14 FA	THER'S NAME Leroy V. M	illor C	LAST		IS MOTHER'S MAIDEN NA  Grace Ma		LAS	51		
6/1	16a V	AS DECEASED EVER IN U.S			JRITY NO.	17 INFORMANT	ADDRESS	212	12		
medico	ľ		S GIVE WAR OR DATES)	218 16	4727	Vaughn Mil	ler 3668 Ches				
y, or ather trauma		Conditions, if ony, whice gove rise to immediate couse (a), stating the underlying couse los	b (b)	OR AS A CONSCOU	englof	NET D'SCASE  NOT MELATED TO THE TERM	MINAL DISEASE OR CONDITION G	IVEN IN PART TO	0		
shows any injur	CERTIFICATION	190. DATE OF OPERATION 710. ACCIDENT WAS UNDERLYIN		DITION FOR WHICH	I OPERATIO	N WAS PERFORMED	YES NO IN CERT	ES, WERE FINDII IFYING CAUSES 'ES			
Hem 18	MEDICAL C	OR CONTRIBUTING CAUSE C	DE DEATH HOUR	A.M. MONTH D P.M.	AY YEAR						
rkedor	WED	71d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	LAT HOME	E OF INJURY STREET FACTORY, OFFICE,	FARM, ETC )	711 LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
21 is mo		220 I certify that (IX(this ) sow the deceased alive above, (X(we) (did) (did)			May 17 85	, 19 <u>85</u> nd that in (XX (our) opinion	to <u>May 30</u> deoth occurred on the date and ho		thoXII (we) lost couses stated		
VT: If Item		27b SIGNATURE	Salva	Ken	La	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	5/3/	1		
IMPORTANT:		27d. PHYSICIAN'S NAME (	ATERRA	7	/	3900 Loch Ro	aven Blvd. Balti	mare MD	21218		
≤	730 E	URIAL, CREMATION, REMO	23b. DATE 6-3-	·85 C	NAME OF C	EMETERY OR CREMATORY	cem . Balto.,		STATE		

21213

DHMH - 16 60M 7/84 (VRA 15, 4)

14 FUNSCHIMMINEK Funeral Home Inc. 3331 Brehms Lane, Balto., Md. JUN 3 1985 Landon Andre



### STATE OF MARYLAND

		-	201 3	and a
3	4	U	3	U
DEC NO	117.5			7

- 1			STATE	OF MARYLAND			
75	FOR - STATE REGISTRAR	DEPAR	CERTIFIC	ALTH AND MENTAL HY	GIENE 8 5	0.	0 3
	DECEASED NAME FIRST	MIDDLE	LAS		20. DATE OF DEATH	MONTH DAY YE	AR 2b. HOL
FL	Mr. W	illiam J. Mill			May 31		1
1	Male	1. RACE Caucasian		21 1919 YEAR	6 AGE (IN YEARS LAST AF	"HDAY) IF UNDER T MONTHS (	YEAR IF UNDER
5"	STATE OR FOREIGN	76. CT. S.A. WHAT COUNTR	Y? 8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	BALLIMORE CITY O	E COUNTY OF DEAT	н
2	ENTY OR TOWN OF DEATH	NAME OF HOSPITAL, NUR Sinais Hospitals	SING HOME OR	OTHER INSTITUTION PE	12a USUAL OCCUPATI	ON 12b KII	PRB.A.
130	MANUFACTOR OF NURSING HE	STORE INSTITUTION, GIVE RESIDENCE BEI	-	3d. INSIDE CITY LIMES?	13.8527 ASterran	swoodo Road	212
1	William Joseph Mi	ller <sub>ddle</sub> LAST		5 MOJHER'S MAIDEN N			LAST
- Inc	AS DECEASED EVER IN U.S	. ARMED FORCES? 16b. SOCIAL SE	SU89310	Mrs. Ida Mil	ADDRE	altimore	Maryl
1	(IF YE	S, GIVE WAR OR DATES)		0,500 000 002	2000 1000 E	CI CIIICI C	ILL J.
		DUE TO, OR AS A CONSEC		OT RELATED TO THE TERA	MINAL DISEASE OR CON	DITION GIVEN IN PAI	RT 1(a)
N N	End	stage Rena	1 Faile	we- Wen	ia		
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FI IN CERTIFYING CAI YES	IND INGS USE USES OF DEAT NO
7 /	OR CONTRIBUTION CALISE C	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART T OR PAS	RT 2)
MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		ZII LOCATION STREET	CITY OF TO	WN COUNT	TV :
W	saw the decorated aliv	naspita) attended the deceased from e on 5 3 1 19 id not) view the body after death.	CAL	that in (my) Our opiniar	, to	31 19 85 ate and hour and from	, that (I)
	226. SIGNATURE Med	enakohi Par	rel	GREE ATTENDING PHYSICIAN	MEDICAL STAI □ DIRECTOR □ PHYSIC	F A	ATE SIGNED
7	MEENAKS	^		22e. ADDRESS	SINM Ha	SPITAL_	

BP

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If Item 21 is

Sykesville

Carroll Maryland

Loring Byers Funeral Directors, Inc. 24 8/28 ALiberty Road Randallstown, Maryland 21133

250 DATE REC'D. BY REGISTRAR NO. REGISTRAR'S SIGNATURE
JUN 4 1985 Fina Wandson-Hamour

ST WEST SECTE WHE STORY and the state of t Shell and HALLOW HUNGS FOR ILLER Modes - march of cell of the same of the s \*\* 19

Street Course Street St

DIVISION OF VITAL RECORDS,	
AL RECORDS,	
201 W	
, 201 W. PRESTON ST.,	
BALTIMORE	
MARYLAND	
2YLAND 21201	

requires that the death certificate be

TENDING PHYSICIAN: The low

retained by the haspital or

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	6- 4m	1	S.	7		
,	5	1	Branch .	4	6.0	

						REG. NO.				
1. DECEASED NAME (TYPE OR PRINT) IT	FIRST	MIDDLE	LAS	Mills		20. DATE OF DEATH MONTH	26	VEAR 85	26 HO	JR 02AI
	4 RACE					6. AGE (IN YEARS LAST BIRTHDAY)		DER I YEAR	IF UNDER	7/
3. SEX Female	White		5. DATE OF	29	43	68	MONT		HOURS	MIN.
70. BIRTHPLACE (STATE OR FO		WHAT COUNTRY?	8	47		9. BALTIMORE CITY OR COL	RS.	DEATH		
Maryland	U.S		MARRIED	NEVER MAR	RIED .	Baltimore				ME
10. CITY OR TOWN OF DEAT Baltimore		HOSPITAL, NURSING				120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORK Packer	ING LIFE) IN	Lass	_	
ISUAL RESIDENCE (IF NURSIN 130. STATE Maryland	G HOME OR OTHER INSTITUTION  COUNTY  A.A.	130. CITY OR TOWN Baltimor	4	13d INSIDE CITY YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc	LIMITS?	13. STREET ADDRESS / ZIP ( 406 Hillcrest	ode Aven	ue	212	25
4 FATHER'S NAME	WIDDLE	LACT		15. MOTHER'S MA						
Charle		Fogle		Ca	theri	ine		Jo	nes	
160 WAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECUE	RITY NO.	17 INFORMANT	M.	ADDRESS	Balto	, Md	212	24
No	(IF TES, GIVE WAR OR DATES)	219-18-1	246	Harold	G. Mi	lls Jr. 8029	E. Ba	ltim	ore :	St.
18 CAUSE OF DEATH	Enter only one couse pe	r line for (a). (b) and	lichi					APPROX	MATE INTE	RVAL
PART I. DEATH WA	S CAUSED BY:	aute		errdial	سالته	uctim			dun	
Conditions, if any, gave rise to imme cause (a), stating underlying cause	diote	OR AS A CONSEQUE			No de	may disease		7	m	
PART 2 OTHER SIGNI		ONTRIBUTING TO D				INC	IF YES, WE	RE FINDI	VGS USE	
00.000.000.000.00		DF INJURY .M. MONTH DA	Y YEAR	21c HOW INJUR	Y OCCURR	YES NO M	YES		NO [	3
(IF EITHER NOTIFY MEDICA	LEXAMINER) F	.M.	19							1
(IF EITHER NOTIFY MEDICA  21d INJURY OCCURRE  WHILE NOT WHILE AT WORK  AT WORK	LAT HOME S	OF INJURY REET, FACTORY, OFFICE, FA		211 LOCATION		CITY OR TOWN		COUNTY		STATE
22a I certify that	this hospital) attended to a live on G		8 / 8 , ond	that in (my) (ou	19 <b>8 4</b> r) opinion d	to 5 9	19		that (1) (	-,
22h. SIGNATURE	endo Q	A		EGREE ATTE	NDING SICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		22¢ DATE	SIGNED	
FERNAN	AE (TYPE OR PRINT)	AL		224 ADDDESS		POLIS Rd , BO		HORSE	111	212
230. BURIAL, CREMATION, R (SPECIFY) Buria	, ,			METERY OR CREATING		23d LOCATION SITUATION Balto		ward		STATE Md

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbanpapers. P with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or remayal.

injury, or other traumotic event, th

24 FUNERAL DIRECTOR George J. ( 4001 Ritchie Hgwy Balto Md

Balto BY REGISTRAR 256. REGISTRAR'S SIGNATURE 250 DATE REC'D.

una vavidson Randalle

SEE COMMAND SALES OF THE SECOND SECON

129595

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

07/84 25M

### STATE OF MARYLAND DEPARTMENT MEDICAL EXAM

OF HEALTH AND MENTAL HYGIENE		1		-7	0
MINER'S CERTIFICATE OF DEATH	REG. NO.	48	U	1	diag

	15	EGISTRAK					I COME	-><>-	an areas	CEI	V 1 11 10		OI DE	7111	REG	NO.				,
		EASED NAN	VE FIRS	51			MIDDLE			LAS	7			2e DATE OF	EST1.		MONTH	DAY	YEAR	26 HOUI
			THE	ODORE						MIN	CEY			DEATH	MATED	X	5	3	19 85	1
3.	SEX		4. RACE	S. DA	TE OF B	BIRTH	YEAR	6. AGE (		UNDE			R 24 HRS	2c. DAT		-	MONTH	DAY	YEAR	2d. HOU
L	1	Male	Black			10	24		YRS.	NIHS	DAYS	Hours	MIN.	PRONOU DE A			5	4	19 85	1:82
70	BIR	THPLACE (	STATE OR	7b. C	ITIZEN (	OF WH.	AT COUN	TRY?	8. MA	PRIED	₩ NE	VER MAR	PIED []	9. BALTI	MORE CIT	Y OR	COUN	TY OF		
ı		GA				USA	F			OWED	-	DIVOR		Bal	timo	re (	City	J		144
10	CIT	Y OR TOWN	OF DEATH	II. N	AME O	F HOSP	ITAL, NU	RSING HO	OME, OR C	THER	INSTITU	TION		UAL OCC	JPATION			12b K	IND OF BU	
	E	Baltim	ore				.COX	St.	(\$5)				FOR	MOST OF WO	ORKING LIFE)				OR INDUST	RY
	SUAL ST		(IF IN NURSING H	OME OR OTHER	RINSTITUT	ION, GIVE		OR TOW		Itad	INCIDE (1	TY LIMITS?	liza STE	DEET ADDE	of c c					
	1	4Ď	130. C	001111		April 160	Bal	time	ore		ESK	NO [	12	21 W	ilec	X	St.	2	1202	
14	.FA	HER'S NAM	E	MIDD						15			DEN NAMI	F						
1		Ira		MIDD	LE	1	Minc	e V				ggi	9		MIDDLE	М	inc	ev	LAST	
16	g. W	AS DECEASE	D EVER IN U.S	. ARMED FO	ORCES?			CIAL SECL	IRITY NO.	17	INFORA				ADDR		1110	<u> </u>		
		Yes	OWN) (IF YES,	GIVE WAR OR	DATES)		260	-20-	-4514	B	obb	у М:	ince	y 80	W .	15	5th	S	t.	
	T	T& CAUSE C	OF DEATH (Ente	er anly one	cause p	er line f												T A	APPROXIMATE	INTERVAL
ı		PARTID	EATH WAS CA	USED BY:	ISE (a)	A	1coh	olis	m									BEI	WEEN ONSE	I AND DEATH
ı			IVAVAIL	DIATE CAL	1-1-			SEQUEN					-1						1	
			ins, if any, w																	
			ise to immed		(b)_	OR 4	SACON	ISEQUEN	CE OF	-										
L	- 1	lying ca	use last.		-02 /	,,	.0 11 001	.OLGOLIA	CL OI									U.		
ı	H	PART 2 DINES C	IGNIFICANT (DNDI)	IDDE CONTRIB	(C)_	DE ATH OL	IT NOT BELL	TER TR THE	YERMANA 844											
1		TAKE Z OTHER 3	IONIFICANT CONDIT	TURS CONTRIB	UTING TU	DEATH BU	II MUI KELA	ITEU IU IME	TERMINAL DIS	ASE DIK	CONDITION	GIVEN IN I	ART 1 (g)							
	MEDICAL CERTIFICATION	190 DATE OF	F OPERATION	-	19b. Co	ONDITI	ON FOR	WHICH O	PERATION	WAS	PERFOR	MED?			-			20	AUTOPSY3	)
1	2																		_	
		21e EXTERN	AL CAUSE WA	S	21b. TI/	ME OF I	NJURY		210	HOW	INTITIPY	OCCUPE	ED (ENTER	NATURE OF II	MILIBA IM ITE	A 18 BAB	T 1 08 84		YES [	NO X
	2	UNDERLYING	GOR		HOUR			DAY Y	EAR		11 1 J O K 1	OCCOR	ED (EIGIER	TAKTORE OF II	NJOKI IN IIE	n IQ FAK	TTORPA	K1 2)		
1	2	CONTRIBUTI	ING CAUSE	OF DEATH		P.M.	FINITION	19 (AT HOM		OCAT	ION									
			NOT WHILE		STREE	ET, FACTO	RY, FARM, E	TC.)	217.	STREE				CITY OR TO	OWN		CO	UNTY		STATE
П		AT WORK	AT WORK																	
	- 1	22e I cert	ify that I taak c	harge of th	e remai	ns descr	ibed aba	ive, held a	n Aut	apsy	<u></u>	Inspecti	anX.	Inquiry		and i	n my ap	oinian		
		death result	ed from:	Natural caus	ses X	] ,	Accident		Suicide [		Hamic			ermined m		٦.	, ,			
	- 1		۸,		7	-					TITLE (SI	PECIEY)								
	- 1	ACTUAL SIGNATURE	$\Lambda \Lambda \Lambda$	1	N	1	1						t MED	NCAL EVA	AAINIED		DATE	5-	-5-85	
1	- 1	SIONATORE	111	har		/				,741.0.2			MEL	ICAL EXA	MINEK		SIGNE	:D	3 03	
-		XAMINER'S TYPE OR PRI	NAME A	nn M.	Dix	kon,	M.D			ADE	DRESS	111	Penn	St.,	Balt	0	, AL	) 2	21201	
23	BU (SP	RIAL, CREMA	TION, REMOV						CEMETERY				23d. LC	ORTOWN			COUL	NTY	ST.	ATE
	E	Buria	1	5/1	0/8	35	G	arri	ison	Fo				Owin					MD	.,
24		VERAL DIREC	CTOR			DDBCCC						Se. DATE	REC'D. BY	REGISTR	AR 25b. R	EGISŢ	RAR'S S	JEN!	Cillian	
		Vm. C	. Marc	h F/	H A	111	01 E	. No	orth	Αv		Sec. 25		1985		المهاري	.,,		-	-

FOR STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

ENE 8

1 4 0 3

	REGISTRAR		44			REG. N	10.		1
1	1. DECEASED NAME FIRST	WIDDLE	Į.	AST		2a DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
1	AUBREY	FRANCIS	MINE	R		May	24,	1985	7:00 <sup>P</sup>
1	1 SEX	4. RACE	5. DATE C			AGE (IN YEARS LAST B	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
1	Male	White		L 27, 19	YEAR 35	50	YRS	MONTHS DATS	HOURS MIN,
1	SIRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNT	RY? 8	D NEVER MARI	NED T	BALTIMORE CITY	OR COUNT	Y OF DEATH	
?	MARYLAND	U.S.A.	WIDOWE	D DIVOR	CED 🗌	BALTIMORE			MD.
4	10. CITY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST</li> </ol>	TREET ADDRESS)			12a USUAL OCCUPAT	OF WORKING L	(FE) INDUSTRY	F BUSINESS OR
1	BALTIMORE	SOUTH BALTIM		ERAL HOSI	2.	MACHINIS	T	WESTI	NGHOUSE
7		NTY  A.  ROTHER INSTITUTION, GIVE RESIDENCE BE 13c. CITY OR T GLEN B	OWN	13d. INSIDE CITY L YES NO	X	13e STREET ADDRESS 128 ALLEN		21061	
λ		MIDDLE LAST		15. MOTHER'S MA	IDEN NAM	E MIDDLE		LAS	r
	ALLEN	MINER		MABEI	1			SHANK	
		/E WAR OR DATES)		17 INFORMANT		ADDR	RESS		
1	NO N/A	A 171.28	.4613	A. VERA	MINEF	(WIFE)	SAME	AS #13	
	PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSE	COUENCE OF THE	Y EMB.	S THE TERMIN	MASSIVI		Hon	
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH				20a AUTOPSY? YES NO	20b. IF YE	ES, WERE FINDIN IFYING CAUSES ES []	IGS USED
,	TIO. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CAUSE OF DEVELOPMENT OF THE CONTRIBUTION OF THE CONTRIBUTI		19	21f. LOCATION STREET	OCCURRE	D (ENTER NATURE OF IN)		PART 1 OR PART 2)	STATE
	22a. I certify that (I) (this haspi	ti view the bady offer death.	9, or	nd that in (my) (our DEGREE	NDING ICIAN	MEDICAL STA	dote and ho		
	230. BURIAL, CREMATION, REMOVAL BURIAL	MAY 28,1985		EMETERY OR CREA	AATORY	23d. LOCATION CITY OR TOWN GLEN BURI		COUNTY A.A.	STATE MD.
	24 FUNERAL DIRECTOR	ADDRE ADDRE	SS		25a. DATE	REC'D. BY REGISTRAI		TRAR'S SIGNA	WRA W
	SINGLETON FUNERA	L HOME GLEN BU	RNIE, MD	.21061	MAY	2 8 1980			

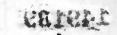
DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and cashould be detoched for use as the burial-transit permit. Then please remove carban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

etoined by the haspital or attending physician.

BP.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar ather traumatic event, the



medical

IMPORTANT: If them 21 is marked or Item 18 shows any injury, ar other traumatic event, the

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	-1	100	" 5	_ 16
	43	0	3	4

	1 -	STATE REGISTRAR			DEFARIN		ICATE OF DEATH	REG. NO	). D.	eş U	U M	,
		OR PRINT) JA	FIRST MES	М	NIDDLE	YING	GG IE		5 8	85	26 HOUR 917	M
	3. SEX	lale		Blace		5. DATE C	23 34		O YRS	UNDER I YEAR	HOURS M	IRS
	Ma	rithplace (STATE ORFO		и	S. A.	WIDOWE		Baltimore city of Baltimore	= Cil	W.		MD.
	Ba	TY OR TOWN OF DEA		Provid	dent Hosp	ital	DR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O		1211/KIND C INDUSTRY	OF BUSINESS	OR
1	130 S Ma		NG HOME OR O 13b. COUNT		GIVE RESIDENCE BEFORE 134 CITY OR TOWN BALTIMOR	V		130 STREET ADDRESS /	ZIP CODE	ie.	21216	
	_	THER'S NAME FIRST	MI	IDDLE	Minggie	2	Carrie	MIDDLE		Bu	rt	
		AS DECEASED EVER I		T957 <sup>s)</sup>	218-30-		Carrie Ander	ADDRE LSON 1712 Mo			2121	6
		18 CAUSE OF DEATH PART I. DEATH W. Conditions, if ony,	AS CAUSED IMMEDIATE which	CAUSE (o)	Cardio	pul M	Lhronic Ob	est. estructive L	ung D		IMATE INTÉRVAL ONSET AND DEA	лн
		cause (a), stating underlying cause  PART 2 OTHER SIGN	last.	(c) V	VAS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVE	V IN PART II	a	=
1	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDIT	TION FOR WHICH	OPERATIO	n was performed	20a AUTOPSY?		WERE FINDII	NGS USED OF DEATH?	_
	MEDICAL CER	21g. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	P.A	M. MONTH DA M.	Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	TEM IB PAR	T   OR PART 2)		
	MED	21d INJURY OCCURR  WHILE NOT WHI AT WORK AT WOR	at [	21e PLACE C	DE INJURY EET, FACTORY, OFFICE FA	ARM ETC )	21f LOCATION STREET	LITY OR TO		COUNTY	STATE	É .
		220 I certify that (I) sow the decease above, (I) (we) (d	d alive on_	8 MO	LV 19 9		may 19 81 and that in (my) (our) opinion	to 8 M a		and from the		
		Lesty	12000	Sur G	J.M.D			MEDICAL STAR	IAN 🗌	22c DATE	Pay 85	_
	:	Lester	ME (TYPE OR:	Lewis	Jr. m.	D.	3100 Towa	nda Ave,	Balti	nore	Md.21	1215

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages is and 2 should be filed within 72 with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. etained by the haspital or BP.

ottending physicia

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 50M 4/83

(VRA 15, 4)

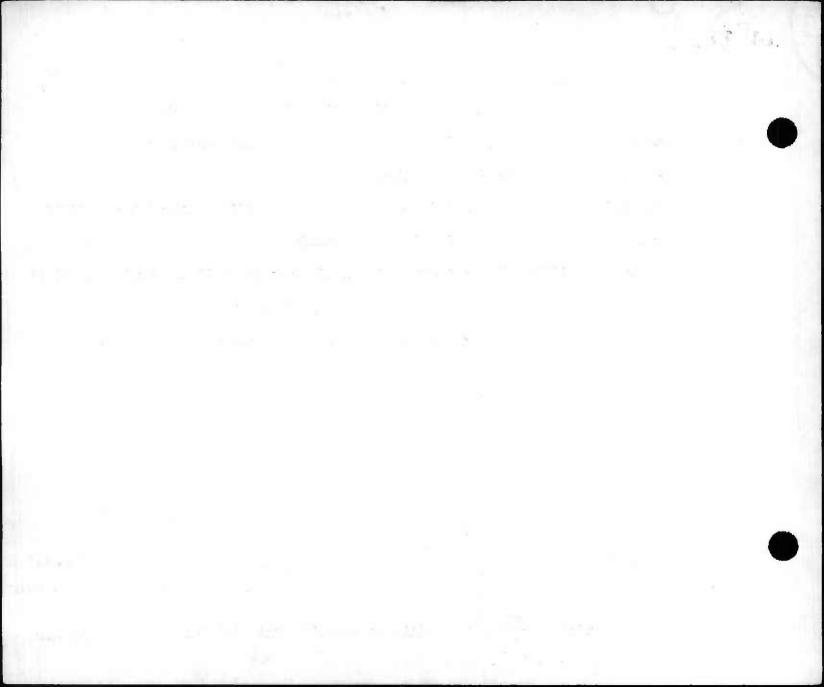
Arbutus Memorial Park Arbutus Marylland

250 DATE RECT. BY REGISTRAN SERVICE REGISTR Burial 24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

23¢ NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN



# BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5 DATE OF BIRTH

KEG. I	40.				
2a DATE OF DEATH	MONTH	DAY	YE AR	2h HOL	IR
	5	9	85	2:3	554
6. AGE (IN YEARS LAST B	RTHDAY)	IF UN	DER I YEAR	IF UNDER	24 HRS
		MONTH	S DAYS	HOURS	MIN

9. BALTIMORE CITY OR COUNTY OF DEATH

MIDDLE

	The second second second second	MONTH	DAY	YE.
FEMALE	BLACK	2	27	191
PLACE (STATE OF FOREIGN	The CITIZEN OF WHAT COUNTRY?	Separ	ated	AA A D D I E

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

MELBA MITCHELL

BALTIMORE CITY 12b. KDONDONTOWN TYPE OF WORK FOR MOST OF WORKING LIFE CLOTHING SUPERVISOR INC.

CHURCH HOME HOSPITAL

13h COUNTY 13c. CITY OR TOWN BALTIMORE MARYLAND 14 FATHER'S NAME Sydnor

| 13e STREET ADDRESS / ZIP CODE 307 Dolphin : Apt. 4A Baltimore, Md. 21217 Sernata

13d. INSIDE CITY LIMITS?

17. INFORMANT

Fleming 307 Dolphin St. Apt. 2 C

307 Dolphin St.

160 WAS DECEASED EVER IN U.S. ARMED FORCES IYES, NO OR UNKNOWN (IF YES GIVE WAR OR DATES) No.

STATE

7a. BIRTHPLACE

COUNTRY VIRGINIA

Trent

MPORTANT:

ld b

DHMH - 16 60M 7/84

(VRA 15, 4)

REGISTRAR DECEASED NAME TYPE OF PRINT

> 16h SOCIAL SECURITY NO 028/05/8116

Stanton

Samuel A. White

Baltimore, Maryland 21217

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATI
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION	
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which (16)	
gove rise to immediate couse (a), stafing the underlying cause last.	

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

198 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUT		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
			YES 🗌	NOX	YES	NO 🗌	
210, ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCUR	RED (ENTER NA	NTURE OF INJUR	Y IN ITEM 18 PART I OR PART 2		
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME: STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOV	YN COUNTY	STATE	

220.1 certify that (1) (this hospital) attended the deceased from	, 19, to	
sow the deceased alive an	_, and that in (my) (our) opinion death accurred on	the date and hour and from the causes stated
22b SIGNATUM	DEGREE	22c. DATE SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

CHURCH HOSPITAL

100 N. BROADWAY BALTIMORE, MD. 21231 23d. LOCATION

	SURIAL, CREMATION, REMOVAL	. 230. DATE	
t	Burial	5/13/1985	

1236 NAME OF CEMETERY OR CREMATORY Arbutus Memorial Park

Baltimore, Maryland

24 FNUETE ELECTOR Sons

2501 Gwynns Falls Parkway

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Funeral Home, Inc. Baltimore, Maryland 21216

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WITH HE CIW		e/1 a 5.0		1.2
		zu. Zue hi	`	Halii.e
Act. dx mittacre, Mar 2171	X - 19			GUATERNO
enimals D.S.J.A. de din doc 750	edamae 🖂	Stunton	Swhor	T.,.4
Alson and a state of				• 000

CHE O L PAN

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1	12	-70	1
1	95,0	U		6
REG. N	Ю.			

81	DECE	ASED NAME	FIRST			MIDDLE			57			2e. DATE	KNOWN [	HTMOM [		
		R PRINT)				MIDDLE		LAS	31			OF	ESTI-	₹ MONTH	DAY YEA	R 2b. F
			Tyro	ne	J	OSEF	ЭН	Mit	tchel	1			MATED	5	12 1985	
3	SEX	- 1	RACE	5. DATE	OF BIRTH	004.	6 AGE (IN YEAR			IF UNDER	24 HRS	2c. DATE		MONTH	DAY YE	AR 2d h
				MONTH	DAY	YEAR	LAST BIRTHDAY	MONTHS	DAYS	HOURS	MIN	PRONOU	NCED		10 00	6
4	IAL		BLACK	4	29	58	2 7 YRS	5.				DEAD		5	12 1985	ď
70		HPLACE (STA	TE OR	76. CITIZ	EN OF WH	IAT COUN	VTRY?	MARRIED	☐ NEVE	ER MARR	IED 🕱	9 BALTIA	AORE CITY C	OR COUN	ITY OF DEATH	
E			MD.		U	SA		WIDOWED		DIVOR		Ra	ltimor	e Ci	+37	
10.	CITY	OR TOWN C	FDEATH	11. NAA	AE OF HOS	PITAL, NU	IRSING HOME,		_				PATION (TYP			BUSINE
	_	- 7 ( )		(IF NO	OT IN SUCH FA	CILITY, GIVE S	STREET ADDRESS)					MOST OF WO			OR INDU	STRY
1		altimo			Unive	rsity	y Hospi	tal								
	STA		F IN NURSING HOME		STITUTION, GR		E BEFORE ADMISSION Y OR TOWN		d. INSIDE CITY	Y LIMITS?	In STR	EET ADDR	FSS		2120	
	ME	_	-				TO.		YES X					RAL	ST A	1
14	FATE	IER'S NAME							MOTHER						01,-A	
		FIRST		MIDDLE			LAST		FIRS	RST		A	AIDDLE		LAST	
L		FRED	HERM			TCHE			WINI		D	AGI	VES		TTEMO	RE
16	g. WA	S DECEASED	EVER IN U.S. AF	RMED FOR		16b. SO	CIAL SECURITY	NO. 17.	. INFORMA	ANT			ADDRESS	5		
1		0	(11 123, 011	E WAR ON DA	,	216-	68 - 468	3 4	VIVI	IAN	SMIT	TH 4	04 W.	3 4 T	TH ST.	
F	Ti	CALICE OF	DEATH (E-1	-1	P	1 1 1 1	1433								APPROXIM	ATE INTER
	- ['	PART I DEA	DEATH (Enter o	ED DV											BETWEEN OF	ISET AND
	_		IMMEDIA	ATE CAUSE	(a) Str	angu.	lation									
							NSEQUENCE OF	F								
	5 H	Conditions	. if ony, which	A												
	4	gave rise	, if ony, which	h e	(b)											
		gave rise cause (a)	to immediate	h e	(b) UE TO, OR	AS A CON	NSEQUENCE OF	F								
		gave rise	to immediate	h e	(b)UE TO, OR	AS A CON	NSEQUENCE OF	F								
		gave rise cause (a) s lying cous	to immediate toting the <u>under</u> e last.	h e I-	(c)				P CONDITION (	CIVEN IN DA	197 1 in					
		gave rise cause (a) s lying cous	to immediate	h e I-	(c)				R CONDITION (	GIVEN IN PA	ART 1 to					
		gave rise cause (a) s lying cous	to immediate toting the <u>under</u> e last.	h e g- DI	(c)	BUT NOT RELA	ATED TO THE TERMIN	AL DISEASE OR			ART 1 to					
		gave rise cause (a) s lying cous	to immediate toting the <u>under</u> e last.	h e g- DI	(c)	BUT NOT RELA		AL DISEASE OR			ART 1 (a				20 AUTOP	5 <b>Y</b> ?
		gave rise cause (a) s lying cous	to immediate toting the <u>under</u> e last.	h e g- DI	(c)	BUT NOT RELA	ATED TO THE TERMIN	AL DISEASE OR			ART 1 to				20 AUTOP:	
		gave rise cause (a) s lying cous ART 2 OTHER SIG	to immediate toting the <u>under</u> e last.	h e g DI	(c) NG TO DEATH    9b. CONDIT	BUT NOT RELA	ATED TO THE TERMIN	al disease or Tion was	PERFORM	AED?		NATURE OF IN	JURY IN ITEM 18	PART 1 OR PA	YES [	
	CERTIFICATION	gave rise cause (a) s lying cous ART 2 OTHER SIG	to immediate toting the under elast.  NIFICANT CONDITION:  DPERATION  CAUSE WAS	S CONTRIBUTION	(c)	ON FOR	ATED TO THE TERMIN	AL DISEASE OR	PERFORM	AED?	ED (ENTERI		JURY IN ITEM 18	PART 1 OR P/	YES [	
	CERTIFICATION	gave rise cause (a) silying cous ART 2 OTHER SIG	to immediate toting the under elast.  DEFICIANT CONDITION:  CAUSE WAS  OR  G CAUSE OF	S CONTRIBUTION  19  PDEATH	9b. CONDIT	TION FOR	WHICH OPERA	TION WAS	PERFORM VINJURY C	AED?	ED (ENTERI		JURY IN ITEM 18	PART I OR P/	YES [	
	DICAL CERTIFICATION	gave rise cause (a) s lying cous  ART 2 OTHER SIG  9a. DATE OF 6  1a. EXTERNAL  NDERLYING  ODERLYING  IN JURY OF	to immediate toting the under e last.  NIFICANT CONDITION:  CAUSE WAS  OR  CAUSE OF	DISSONTRIBUTION  119  219  219  219  220  221  221  221	9b. CONDIT	INJURY MONTH	WHICH OPERA  DAY YEAR  1 DAY YEAR  1 12 19 85	TION WAS	PERFORM VINJURY C	AED?	ED (ENTERI	ed	K.J		YES ()	N
	DICAL CERTIFICATION	gave rise cause (a) s lying cous  ART 2 OTHER SIG  9a. DATE OF 6  1a. EXTERNAL  NDERLYING  ODERLYING  IN JURY OF	to immediate toting the under e last.  NIFICANT CONDITION:  CAUSE WAS  OR  CAUSE OF	S CONTRIBUTION  19  PDEATH	NG TO BEATH I	INJURY MONTH  5 DF INJURY ORY, FARM, E	WHICH OPERA  DAY YEAR  1 DAY YEAR  1 12 19 85	TION WAS  21c. HOW  Suk 21f. LOCA STREE	PERFORM VINJURY C  Dject TION ET	AED? OCCURRE	ed (ENTERI	ed CITY OR TO	WN	cc	YES ()	N
	DICAL CERTIFICATION	gave rise cause (a) s lying cous  ART 2 OTHER SIG  9a. DATE OF 6  1a. EXTERNAL  NDERLYING  ODERLYING  IN JURY OF	to immediate toting the under e last.  DEFICIANT CONDITION:  CAUSE WAS  OR  CAUSE OF	DISSONTRIBUTION  119  219  219  219  220  221  221  221	Pb. CONDIT	INJURY MONTH	WHICH OPERA  DAY YEAR  1 DAY YEAR  1 12 19 85	TION WAS  21c. HOW  Suk  21f. LOCA  STREE  1017	PERFORM VINJURY C Dject Jilon ET Cat	AED? OCCURRE	ed (ENTERI	ed CITY OR TO	K.J	cc	YES ()	N
	DICAL CERTIFICATION	gave rise cause (a) s lying cous (b) s lying cous art 2 01HER SIG	to immediate toting the under e last.  NIFICANT CONDITION:  CAUSE WAS  OR  CAUSE OF	S CONTRIBUTION  11  12  12  12  13  14  15  16  17  17  18  18  18  18  18  18  18  18	9b. CONDITION OF PLACE CONTRACT OF PLACE CONTRAC	INJURY INJURY MOTH S FINJURY ORY, FARM, E OME	WHICH OPERA  DAY YEAR  1 DAY YEAR  1 (AT HOME.	TION WAS  21c. HOW  Suk  21f. LOCA  STREE  1017	PERFORM  VINJURY C  bject  TION  TO Cat	occurric str	angle	ed CITY OR TO	1timor	cc	YES ()  OUNTY MD	
	MEDICAL CERTIFICATION	gave rise cause (a):  lying couse  ART 2 OTHER SIG  90. DATE OF (a)  10. EXTERNAL  NDERLYING ONTRIBUTIN  11d. INJURY OF VHILE LT WORK  220. I certify	to immediate toting the under elast.  NIFICANT CONDITION:  CAUSE WAS  OR  CAUSE WAS  OR  CAUSE OF  CCURRED  NOT WHILE  AT WORK  that I toak char	DISSONTRIBUTH  19 21 21 22 22 22 23 24 25 26 26 27 27 28 28 20 27 28 28 28 28 28 28 28 28 28 28 28 28 28	NG TO BEATH ING TH	INJURY MONTH MONTH S FINJURY ORY, FARM, E Cribed aborribed aborribed	WHICH OPERA  DAY YEAR  12 19 85  (ATHOME.	TION WAS  21c. HOW Suk 21l. LOCA STREET	PERFORM  VINJURY C  bject  TION  TO Cat	occurric str	angle stan Stan Stan Stan Stan Stan Stan Stan S	city or to	ltimor	re Ci	YES ()  OUNTY MD	N
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7	WEDICAL CERTIFICATION	gave rise cause (a):  lying couse (b):  lying couse (b):  ART 2 OTHER SIG  9a. DATE OF (c):  1a. EXTERNAL  NDERLYING ONTRIBUTIN  1d. INJURY OF (c):  WHILE  22a   certify death resulter  CTUAL  ENATURE  XAMINER'S N YPE OR PRIN	to immediate toting the under e last.  NIFICANT CONDITION:  OPERATION  CAUSE WAS  CAUSE WAS  COURSED  NOT WHILE  AT WORK  That I took char  I from: Note	S CONTRIBUTION  S CONTRIBUTION  S CONTRIBUTION  S CONTRIBUTION  Properties  Annie	NG TO DEATH ING TO	INJURY INJURY MONTH OF INJURY ORY, FARM, E Cribed abo Accident	ATED TO THE TERMIN WHICH OPERA 1 DAY YEAR 12 19 85 ( (AT HOME. ETC.)  QUE, held on	21c. HOW Suk 21f. LOCA STREE 101 Autopsy ide	PERFORM VINJURY CO Dject TION FT 7 Cat X Homicie TITLE (SPE ASSI	ned?  chedr  inspection  de XX.  ECIFY)  stan	angle al Sin Under	city or to t, Ba Inquiry ermined m	ltimor  on  anner  AINER	ce Ci	YES () OUNTY ty, MD Ipinion 5/13	8/85
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07/84 25M

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

(VR A15 ME (5))

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FOR

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4	REGISTRAR			CERTIFICATE OF DEATH REG. NO.								
	1. DECEASED NAME (TYPE OR PRINT)	Vera	E	dith	M:	itzel	20. DATE OF DEATH	05	οΊ	1985	264:20p	
	3. SEX				5. DATE (		6. AGE (IN YEARS LAST B	SIRTHDAY	IF UND	UNDER I YEAR IF UNDER 24 HRS		
	Female		White			ist 5, 1911 st	73	YRS			11.	
5	Pennsylvani		76. CITIZEN OF V	what Country?	MARRIE WIDOWI	D NEVER MARRIED SEED DIVORCED	9. BALTIMORE CITY Baltim	_		EATH	MD.	
0	Baltimore	ATH	11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ACCRESS St. Agnes Hospita			OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Missiona	OF WORKING	LIFE) IN	12b. KIND OF BUSINESS OR INDUSTRY  Religious Ord		
6	USUAL RESIDENCE (IF NUR 130. STATE Maryland	13b. COU		Baltim	/N	13d INSIDE CITY LIMITS? YES 🔀 NO 🗌	13e.STREET ADDRESS			t	21202	
Ø	14. FATHER'S NAME William		MIDDLE H.	Mitz	el	15. MOTHER'S MAIDEN NA Mazie	MIODLE		Ha	r <b>tm</b> a	ın	
	160 WAS DECEASED EVER		RMED FORCES? VE WAR OR DATES)	214-50-		Alverta Mau	ADDRESS urer, Reading, Pa.					
The state of the state of	Conditions, if ony gove rise to im couse (o), statiunderlying coust	MAS CAUSI IMMEDIA y, which imediate ing the e lost.	DUE TO, OI	Partio RAS A CONSEQUI RAS A CONSEQUI Breast	ENCE OF Can	cephslopathy	rest, renal	fur	luc	BETWEEN	AATE INTERVAL MSET AND DEATH	
7	PART 2. OTHER SIG					EATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND  OPERATION WAS PERFORMED  200 AUTOPSY?			20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
7	21a. ACCIDENT WAS UN	DERLYING [	21b. TIME O	F INJURY	AV VEAD	21c HOW INJURY OCCUR	YES NOW YES NO REPORT (2)					

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

27d. PHYSICIAN'S NAME (TYPE OR PRINT)

21b. TIME OF INJURY HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH P.M

21e PLACE OF INJURY

MONTH DAY YEAR

211 LOCATION STREET

CITY OR TOWN

COUNTY

STATE

er

220.1 certify that (lightis haspital) attended the deceased from

22b. SIGNATURE

MEDICAL

and that if (my) (our) opinion death occurred on the date and hour and from the causes stated

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC )

DEGREE ATTENDING

22e. ADDRESS

PHYSICIAN

MEDICAL STAFF DIRECTOR | PHYSICIAN 22c DATE SIGNED

BP.

O FUNERAL DIRECTOR: After this certificate has been

offending physicion

DHMH - 16 60M 7/84 (VRA 15, 4)

r use as the burial-transit permit. The Health and Mental Hygiene print to

should be detoched for use with the State Dept. of Heal

MPORTANT: If Item 21 is morked or Item 18

230. BURIAL, CREMATION, REMOVAL Burial

23b. DATE 5/6/85

oonhee

23c NAME OF CEMETERY OR CREMATORY Prospect Hill Cem.

Manchester Township, Pa.

Lemmon-Mitchell-Wiedefeld, 10 W. Padonia Rd. MAY 3

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN retained by the hospital or attending physician

13	Page 4 may be	I director poge 3	hours offer death	3	2	
	ecuted within 24 hours after death	d campletely filled in by the funero	es I and 2 should be filed within 7.	3	col examiner must be notified at a	1
	that the death certificate be exe	by the attending physician and	ease remave carbanpapers. Page	al, cremation, or removal.	r other troumotic event, the medi-	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director page 3	should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 7 and 2 should be filed within 72 haurs offer death	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar ather traumatic event, the medical examiner must be notified at ance.	9
	TO HOSPITAL OR ATTENDING PHYSICIAN: The I retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: AF	should be detached for use a	with the State Dept. of Health	IMPORTANT: If them 21 is ma-	

STATE OF MARYLAND			
DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	ENĘ	Ĵ	
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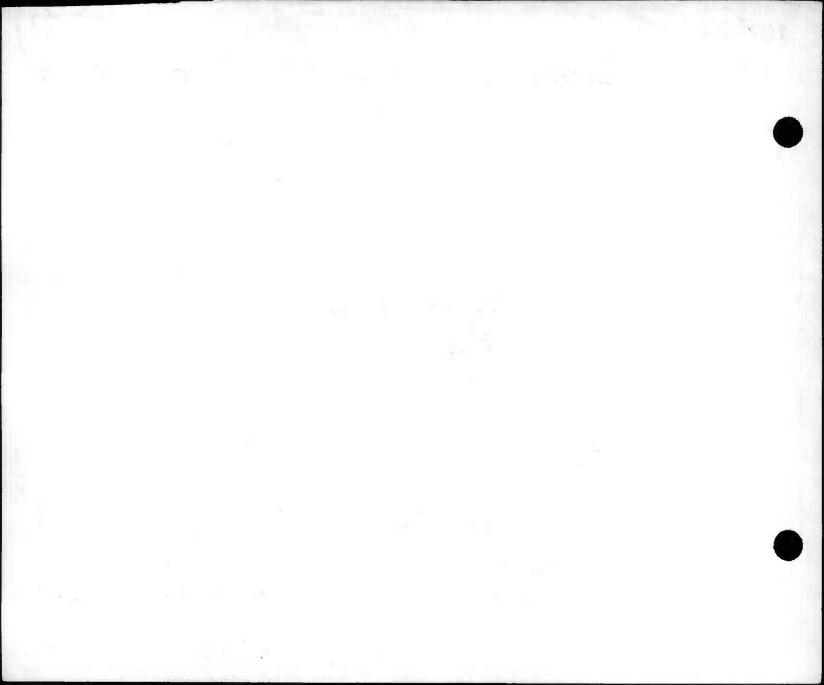
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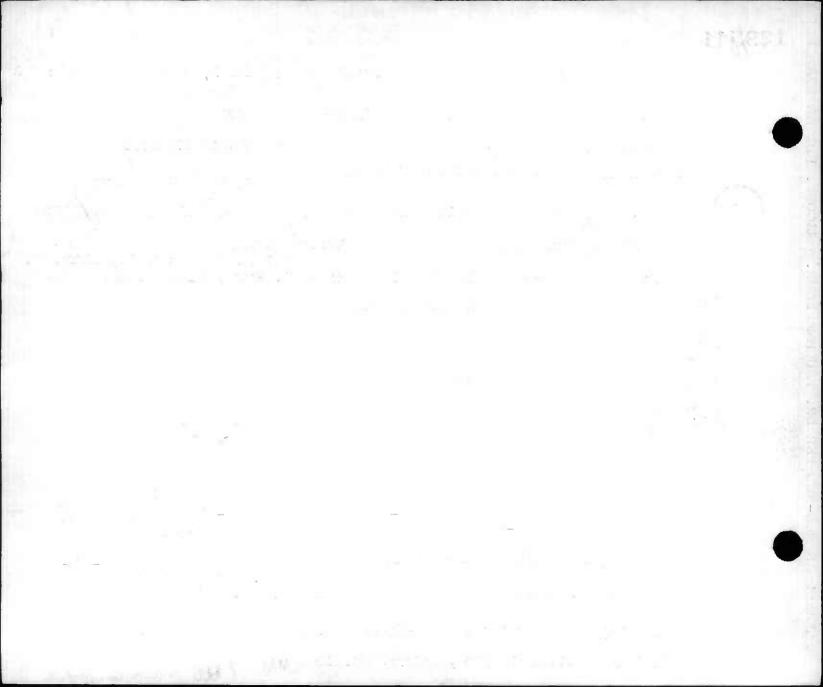
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		CEASED NAME FIRST OR PRINT) Litho		J	mo	ffate	20 1		- 8	85	26 HOUR M
100	3. SEX	Female	4. RACE Blac	:k	5. DATE O			GE (IN YEARS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HRS.
Z	C	RTHPLACE (STATE OR FOREIGN OUNTRY) S.C.	75 CITIZEN OF WHAT COUNTRY?			D NEVER MARRIED	9.8	Baltimore CITY OF	county o	ity	MD.
2		Baltimore	John	L. De	aton N	Medical C		USUAL OCCUPATION PE OF WORK FOR MOST OF		INDUSTRY	OF BUSINESS OR
5	130 S		OTHER INSTITUTION	Balti	OWN INOTE	136. INSIDE CITY LIMIT YES 🔯 NO 🗌	2	street ADDRESS / 28 Beale		2123	1
2		Allen	WIDDLE	Foster		Litha	N NAME	McCros		oste	
	16a W	(IF YES, GIV	MED FORCES? /E WAR OR DATES)	16b. SOCIAL SE	/ A	Rosanna	Wood			Bond	St.
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly one couse per D BY: TE CAUSE (a)	line for (a), (b),	and ici.)	CUALA	/			APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2: OTHER SIGNIFICANT (	(b)	ONTRIBUTING T	DUENCE OF	NOT RELATED TO THE	TERMINAL	DISEASE OR CONE	DITION GIVE	N IN PART 10	0
10	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED		00 AUTOPSY?		WERE FIND IN ING CAUSES	
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	A117	OF INJURY .M. MONTH .M.	DAY YEAR	21c. HOW INJURY OC	CCURRED	ENTER NATURE OF INJURY	Y IN ITEM IB PAR	T T OR PART 2)	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET FACTORY, OFFICE	CE FARM ETC )	211 LOCATION STREET		CITY OR TOW	VN CPH	COUNTY	STATE
		22a I certify that (I) (this hasp saw the deceased alive an above, (I) (we) (did) (did no	May	81-1		nd that in (my) (aur) op	nion death	to Mac	ite and hour o	and from the	that ( (we) last causes stated
		22b. SIGNATURE	eed,	MID.		DEGREE ATTENDI PHYSICI	NG M	EDICAL STAF		22c. DATE	SIGNED
		J. W.	Reed	- M.D		611 5. C	HA	5, ST. E	BAG	5.M	0.2+23
	q	URIAL, CREMATION, REMOVAL Butial	23b. DATE 5/14,	1	Reputu		۲.	3d LOCATION CITYOR TOWN Baltim	оге	COUNTY	STATE
	24 FU	WMMAME C. March	F/H	1101 AD (FES	: Nort	h Ave.	MAY	1 0 1985	25b. REGISTA	AR'S SIGNAT	Mandale

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



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le 4 moy				4 RACE	sian	5. DATE C	F BIRTH 1941 15 OAY 1941		3	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
th. Pog rol dire	70. BIF	OUNTRY)		76 CITIZEN OF		8. MARRIE	NEVER MARRIED		TY OR COUNT		
offer deo	10 CI	TY OR TOWN OF	DEATH	11. NAME OF		NG HOME C	R OTHER INSTITUTION	12a USUAL OCCU	IPATION SOST OF WORKING LI	12b. KIND C	MD. OF BUSINESS OR
(p)	†3a. Ş	Md.	NURSING HOME OF	R OTHER INSTITUTION. NTY	13c CITY OR TOV	VN	YES 🛣 NO 🗌	13e STREET ADDRI 25 N. B	ESS / ZIP CODI		21224
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offendi offendi ter this ss the bu h and M nrked or	MED	WHILE N	OT WHILE	(AT HOME ST	REET, FACTORY, OFFICE.		STREET	CITY	ORTOWN	COUNTY	STATE
ATTENDIN spitol or CTOR: Al for use of Heolt		sow the de	ceosed elive or we) didy did no	nitol) ottended the 05-01 ot) view the body	ne deceosed from,	85 01	d that in (my) (our) opinion	, 10			
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O HOSPI' stoined b TO FUNE hould be		ESSIE	J. WC	OODS			BALTIMORE,	Md. 212	205	=	
BP	(	SPECIFY) Burial					vn Cemetery	Balt	to, Md.		STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FU S	CH IMUNI	EK FUN	ERAL H	OME, ADORESS	lto,	Md.21213 MA	Y 7 COS	IKAR ZSB REGIS	IKAR'S SIGNA	IUKE
	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed with a second death. Page 4 in the catalog by the hospital or attending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physicion and cempatrial part of the funeral director. Should be detached for use as the buriol-transit permit. Then please remove carbon papers. Page 1 and 1 by the funeral director. Should be detached for use as the buriol-transit permit. Then please remove carbon papers. Page 1 and 1 by the funeral director. Should be detached for use of the buriol-transit permit. Then please remove carbon papers. Page 1 and 1 by the funeral director. Should be detached for use of the buriol-transit permit. Then please remove carbon papers. Page 1 and 1 by the funeral director. Should be detached for use of the buriol-transit permit. The please remove carbon papers. Page 1 and 1 by the funeral director. Should be detached for use of the buriol-transit permit. The please remove carbon papers. Page 1 and 1 by the funeral director. Should be detached for use of the buriol-transit permit. The please remove carbon papers. Page 1 and 1 by the funeral director. Should be detached for use of the buriol-transit permit. The please remove carbon papers. Page 1 and 1 by the funeral director. Should be detached for use of the buriol-transit permit. The please remove carbon papers. Page 1 and 1 by the funeral director. Page 1 and 1 by the funeral director. Page 1 and	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed with the hospital or ottending physician.  TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and certain of the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon pages. Pages and with the State Dept. of Health and Member Hamile should be detached for use as the buriol-transit permit. Then please remove corbon pages. Pages and with the State Dept. of Health and Member Hamile shows only julying october traumons event, the medical contribution of them 21 is marked or life in 8 shows only julying october traumons event, the medical contribution of the following physician.	10 CINERAL DIRECTOR. Here this certificate best been signed by the opport of process that the bound of the opport	1. DECEASED NAME FIRST REGISTRAR  1. DECEASED NAME FIRST MARY  3. SEX  Female  1. DECEASED NAME FIRST MARY  3. SEX  Female  1. DECEASED NAME FIRST MARY  3. SEX  Female  1. DECEASED NAME FIRST MARY  3. SEX  Semile of the property of the pr	The properties of the properti	The state of the s	DEPARTMENT OF H REGISTRAR  1. DECEASED NAME REGISTRAR  REGISTRAR  REGISTRAR  1. DECEASED NAME REGISTRAR  REGISTRAR  REGISTRAR  REGISTRAR  RACE Caucasian Decease REGISTRAR  REGISTRAR  REGISTRAR  RACE S. DATE OF MOSTINE DECEASED NAME REGISTRAR  REGISTRAR  REGISTRAR  RACE Caucasian Decease REGISTRAR  REGISTRAR  REGISTRAR  RACE S. DATE OF MOSTINE REGISTRAR  REGISTRAR  REGISTRAR  REGISTRAR  RACE Caucasian Decease RACE S. DATE OF MOSTINE REGISTRAR  REGISTRAR  RACE Caucasian Decease RACE S. DATE OF MOSTINE REGISTRAR  REGISTRAR  REGISTRAR  RACE Caucasian Decease RACE S. DATE OF MOSTINE REGISTRAR  REGISTRAR  REGISTRAR  RACE Caucasian Decease RACE S. DATE OF MOSTINE REGISTRAR  REGISTRAR  REGISTRAR  RACE Caucasian Decease RACE S. DATE OF MOSTINE REGISTRAR  REGISTRAR  REGISTRAR  RACE Caucasian Decease RACE S. DATE OF MOSTINE REGISTRAR  EGISTRAR REGISTRAR	TO STATE REGISTRAR    CENTIFICATE OF DEATH   CENTIFICATE OF DEATH	TO STATE REGISTRAN  THE STATE	DEPARTMENT OF HEALTH AND MENTAL HYGHEN  REGISTRA  TESTATE  REGISTRA  THE REGISTRA  REGISTRA  THE REGISTRA  RAND  RAY 2, 1985  FEMALE PLANT  REGISTRA  REGISTRA  REGISTRA  RAY 1 RACE  CAUCASIAN  RACE  LOUGH SPECIAL PLANT  REGISTRA  REGISTRA  RACE  REGISTRA  RACE  REGISTRA  RACE  RACE  REGISTRA  RACE  RA	DEPARTMENT OF HEALTH AND MINIAL HYGENS 5  RIGISTRAR  TOPECASED NAME  INDECESSED NAME  INDEC



injury, or other troumotic event,

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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NO.			4		0
MONTH	DAY	_	YEAR	21	HOLL

П		REGISTRAR			CERTIF	ICATE OF DEATH		REG. N	0.		dif	0 6	ĵ,
Ī	. DEC	CEASED NAME FIRST		WIDDIE	- 4	TZA	2a. DAT	E OF DEATH	MONTH	DAY	YEAR	26 HOUR	
1	(IANE	ORPRINT) HENL	V Al	fred	Mo	5011.09			5	12 3	85	1,20p	
ŀ	3. SEX		4 RACE		5. DATE C	OF BIRTH	6 AGE	( IN YEARS LAST BIR	-	IF UNDER		IF UNDER 24 HRS	-
L		MALE	CAVE	ASIAN	MONTH 7	22 95		89	YRS.	MONTHS	DAYS	HOURS MIN.	Ī
4		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED		IMORE CITY C	_	Y OF DEA	TH		П
)	0	rginia	USA		WIDOWE		7	Baltim	ore	CN	wy	M	D.
٩.		TY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET TEN HOS	ADDRESS)	OR OTHER INSTITUTION	(TYPE OF	JAL OCCUPAT WORK FOR MOST OF		FE) INDL	CINIPOF JSTRY Cans	BUSINESS OF	
1	USUA 13a. S	AL RESIDENCE (IF NURSING HOVE OF LITATE 186 COUN	OTHER INSTITUTION		ADMISSION)	AES UO 📆		EET ADDRESS			AVE	e SE	-
1		THER'S NAME FIRST	WIDDLE	Monroe		15. MOTHER'S MAIDEN  Mary	NAME	WIDDLE			DÔV	wns	
1	6a W	VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17. INFORMANT	-26	ADDRI	ESS	1			_
	(1)	YES WWI	T WAR OR DATES)	578-10-	5412	Henry A	Monro	sa se	me a				
T		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE		r line for (a), (b), and	dieni		1.			BE	APPROXIM TWEEN O	NATE INTERVAL	
	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT (	(b) DUE TO, O	ONTRIBUTING TO D	NCE OF	NOT RELATED TO THE TE		AUTOPSY?	20b. IF YE	S, WERE	FINDIN		
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A	OF INJURY .M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCC	URRED (EN	ER NATURE OF INJU	IRY IN ITEM 18	PART 1 OR P	ART 2)		
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AL WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F		211 LOCATION STREET		CITY OR TO	NWC	cou	NIY	STATE	
		220 I certify that (I) (this aspi saw the deceased plive an above, (I) (we) (Gig) (did no		1.5	85.0	nd that in (my) (Fust opini	ian death ac	curred on the d	lote and ha	. 19 <u> </u>		that (1) (we) last causes stated	st
		226. SIGNATURE Mulles	- ml		- 10	DEGREE ATTENDING PHYSICIAN		CAL STA		220		Z-67	Pilo
		MULLEN,				220 ADDRESS Luthtryn			730 Balt	Ash	bur	ton S	t
	23a. B	URIAL, CREMATION, REMOVAL Burial	5/15/	85 Ce	edar	EMETERY OR CREMATOR Hill Ceme	tery			PG		MD	
		Dert E Wilhe		ADDRESS		Suitland MD	AY2	BYREGISTRAF	256 REGIS	TRAR'S S	CHA	upplatt.	199

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 should be detached for use as the burial-transit permit. Then please remove carbany with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removing DHMH - 16 50M 4/83

The same of the sa

BALTIMORE, MARYLAND 21201

201 W. PRESTON ST.,

DIVISION OF VITAL RECORDS,

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙊

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DEC NO					

ı	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	0.
	I DECEASED NAME FIRST	MIDDLE	MOORE	20 DATE OF DEATH	MONTH DAY YEAR 25. HOUR 5 24 85 1:20 P.M
		RACE BLACK	S DATE OF BIRTH  MONTH  3 9 67	6. AGE (IN YEARS LAST BIRT	
4	78. BIRTHPLACE (STATE OR FOREIGN TO COUNTRY)  MARYLAND	CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWED DIVORCED	CALTA	R COUNTY OF DEATH  CITY  MD.
S	n.c	. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A JNIV. MD. HOSF		128. USUAL OCCUPATION OF THE STUPEN	F WORKING LIFET INDUSTRY
2	USUAL RESIDENCE (IF NURSING HOME OR OT 130 STATE 136 COUNTY		136. INSIDE CITY LIMITS?		GYLE AVE.
0	14 FATHER'S NAME FIRST HOWARD	DLE LAST MOORE	S OPHI		LEE
	160 WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE W.			Moore, Jr.	1439 Arable Ave
	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUEN	ated Nasophary	<b>J</b>	
		ADITIONS CONTRIBUTING TO DI	REALD BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN PART 1161
7	190 DATE OF OPERATION  190 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH C	OPERATION WAS PERFORMED	200 AUTOPSY?  YES NO	20h. IF YES, WERE FINDINGS USED IN CERTIFY ING CAUSES OF DEATH?  YES NO NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	Y YEAR 19	URRED (ENTER NATURE OF INJUI	Y IN ITEM 18, PART 1 OR PART 2)
	WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		CITY OR TOW	
	220.1 certify that (1) (this haspital saw the deceased alive an abave, (1) (we) (did) (did not) v	MAY 24 19 8	June 29 198	to MAS Z	19 85, that (I) (we) lost and have and from the causes stated
	226. SIGNATURE Allen V	. Schwart,	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	IAN
	AHEN D. S.	hwartz M	D. UNIV. MA		OSP. BALTO, M.D

DHMH-16 25M (VRA 15, 4) 1/79

should be detached for use as the with the State Dept. of Health TO FUNERAL DIRECTOR:

IMPORTANT: If Iter

Wm. March F/H 1101 E. North Ave.

231 NAME OF CEMETERY OR CREMATORY Westview Mem. Pk.

236. LOCATION CITY OR TOWN Baltimore

COUNTY STATE Co. MD

230 BURIAL, CREMATION, REMOVAL Burial 24 FUNERAL DIRECTOR

23b. DATE

5/29/85

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 2.8 1985

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	7.8	Schurch	600	•
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low requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The etoined by the hospital or attending physician.

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mpletely filled in Ey the P. ond 2 should be itted with

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and should be detached for use as the burial-transit permit. Then please remove carbonoppers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

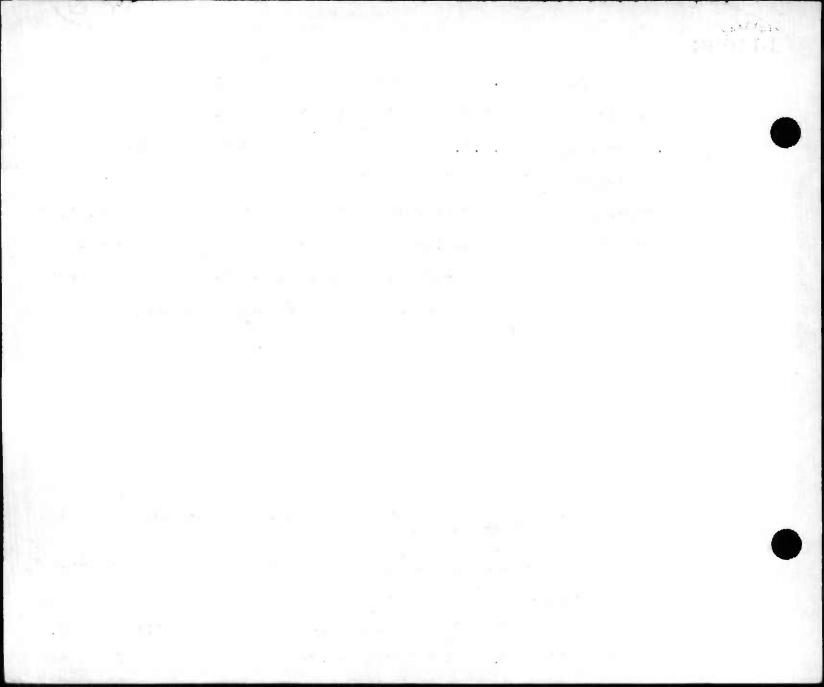
FOR STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REGISTRAR						REG. NO					
	CEASED NAME FIRST OR PRINT)	#IDDI\$	ı	AST		20 DATE OF D	EATH A	HINON	DAY	YE AR	2b. HOU	R
	IDA	М.	MOORE			MAY	20,	19	8 5			
3. SE)	X	4. RACE	5 DATE C			6 AGE (IN YEAR	RS LAST BIRTH	IDAY)	IF UNDER	DAYS	IF UNDER	24 HR
	Female	Black	1 1	12	30	54		YRS.	MUNINS;	DATS	HOURS	MI
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT C	OLINITRY2 4	NEVER /		9 BALTIMORE			Y OF DE	ATH		
	Carolina	U.S.A.	WIDOWE		VORCED	BALT	TMOR	E C	тту			
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITA	L, NURSING HOME C			120 USUAL OC	CUPATIO	N	12b		F BUSINI	_
,	DAITTMODE	(IF NOT IN SUCH FACILITY	RIDAN AV	CMIIC		(TYPE OF WORK F	OR MOST OF	WORKING I	IFE) IND	USTRY		
_	BALTIMORE AL RESIDENCE (IF NURSING HOME O			ENUE								_
	STATE 136 COU		YORTOWN	13d INSIDE C		13e.STREET AD					0.1.0	
	aryland —	Ва	ltimore	YES X	NO   MAIDEN NAM	1216	Sner	10a	n A	ve.	212	_ 3
IN FA	FIRST	MIDDLE	LAST	IJ. MOTHER	FIRST		MIDDLE			LAST		
_	Freddie		ells		ary		4 DODE		Mcl	Vai	r	
	VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 16b SO VE WAR OR DATES)	CIAL SECURITY NO.	17 INFORMA	INT		ADDRES	5				
_	NO	244	-44-3349	Rober	t Moo	re 121	6 Sh	eri	dan	Ave	enue	9
CERTIFICATION	couse (o), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION					200 AUTOP		20b. IF YE	VEN IN F	FINDIN	GS USE	H?
	210, ACCIDENT WAS UNDERLYING	110110 444 446	Y ONTH DAY YEAR	21c. HOW IN	JURY OCCURR	RED (ENTERNATU				PART 2)	110 [	
₹	OR CONTRIBUTING CAUSE OF DE	AIR	19									
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJU JAT HOME, STREET, FACTO		211 LOCATION STREET			CITY OR TOW	rN	COL	YNTY	5	TATE
	220. I certify that (I) (this hasp sow the deceased alive or obove, N (we) (did (did no 22b. SIGNATURE	of view the body offer de	2 19 Sc., or	DEGREE	ATTENDING PHYSICIAN			e ond ho	ur ond Ir			
	1 - 1 Y1	TONGA	14PS h.									
	BURIAL, CREMATION, REMOVAI BURIAL	23h DATE 5/24/85	Carris			A Owin	NWOTS	(i11	COUNT	ſΥ	Md	TATE
24 FL	uneral director m C <sup>ME</sup> March F/1				250 DAT		gs M GISTRAR 2 985	Sh. REGIS		-		

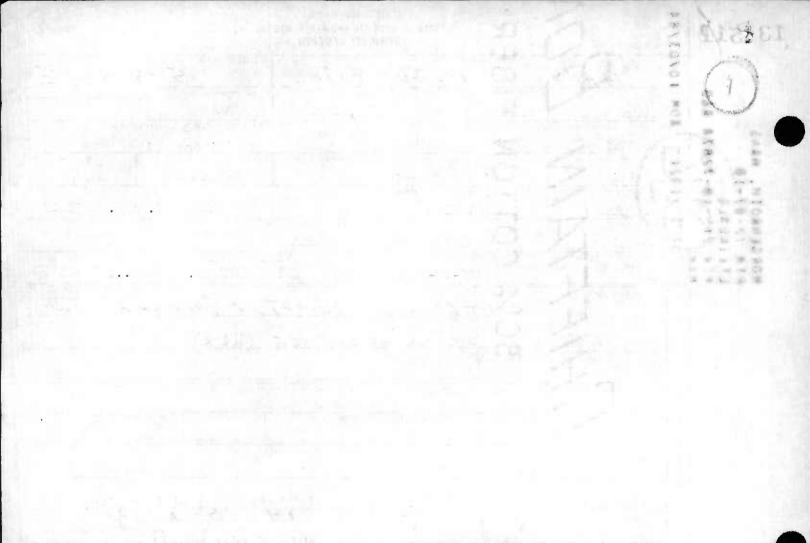
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201			ON ON	5 M	Jan
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	TO MOSDITAL OR ATTENDING DEVOLUTAN. The law consises that the the death conflictor he executed within 24 hours	retained by the hospitol or ottending physicion.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicing and completely filled	₩ 3	IMPORTANT; If Hem 21, is marked or Hem 18 shows ony injury, or other troumatic event, the medical examiner must be notified of the community o

13451

6 3	FOR STATE	DEPARTI	STATE OF MAKTLAND MENT OF HEALTH AND MENTAL HY	GIENE 8 5	14043
200	REGISTRAR	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST		RGENROTH	20. DATE OF DEATH	onth DAY YEAR 26 HOUR
3 SE	N. T. C.	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHE	MONTHS DAYS HOURS MIN
0.	IRTHPLACE (STATE OR FOREIGN	WHITE  75 CITIZEN OF WHAT COUNTRY?	JULY 9, 1921	63 X 9 BALTIMORE CITY OR	YRS COUNTY OF DEATH
	GERMANY	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore	
921	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET Levindale Nu	rsing Home	17th USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V PHARMAC I	
13q	MARYLAND 136 COL	OR OTHER INSTITUTION SIVE RESIDENCE BEFORE JUSTY 130 CITY OR TOW BALTIMOR	E 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 6700 PARK	HTS. AVE. #21215
1	ATHER'S NAME JONAS	MORGEN ROTH		WIDDLE	COĤEN
	WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES O NO	RMED FORCES? 166 SOCIAL SECU 215-18-7		ICTOR COHEMPRESS THEIGHTS RD.	BALTO.,MD 2121
>	18 CAUSE OF DEATH LEnter of PART I. DEATH WAS CAUS	anly ane cause per line far (a), (b), an	dies . T 100 01	- in Prise	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
1	8147 IMMEDI	The Critical Control of the Control	RENI ASSIRA	TION TIPE	VIVENTA /WIT
	Conditions, if any, which	DUE TO, OR AS A CONSEQUE	L FRACTURE	= (RACK)	
	gove rise to immediate cause Ia1, stating the underlying cause last	DUE TO, OR AS A CONSEQUI			
NO.	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	<u>DEATH</u> BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDI	TION GIVEN IN PART 1(a
TIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		20b. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO
CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	216. TIME OF INJURY HOUR XXX MONTH D.	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY I	N ITEM 18 PART 1 OR PART 2)
MEDICAL	I IF EITHER NOTIFY MEDICAL EXAMIN	ER) 3:24 P.M. 9/1	1984 Pedestrian	struck by au	to ACCIDENT
MED	71d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, F		CITY OF TOWN	COUNTY STATE
-	AT WORK	street pital) attended the deceased from_	10 - 50200 Reiste	rstownRoad Ba	timoreCity- MD
1	sow the deceased olive of	n 5 - 19d	, and that in (my) (and application	n death ocymen on the plate	and fram the causes stated
	22b. SIGNATURE	not) view the bady after death.	DEGREE	an enterprise attolica.	VICTOR DAYS COLORD
	W	MUS		MEDICAL STAFF DIRECTOR PHYSICIA	1
	22d. PHYSICIAN' THAME (TYPE	DAW-WIN, A	1) LEVINDALIZ	Chlorer	IN BALTOS
23 a.	BURIAL, CREMATION, REMOVA	23b. DATE MAY 9,1985	NAME OF CEMETERY OR CREMATORY CHEVRA AHAVAS CHES	ED RANDALLS	TOWN COBALTO. SIAM
24 F	UNERAL DIRECTOR SOL	LEVINSON & BROS	, INC. 25a. D	ATE REC'D. BY REGISTRAR 25	B. REGISTRAP'S SIGNATURE
	6010 REISTERS	TOWN RD. BALTO.	MD 21215	. 20 1000	*



LINE ATT O'COMPAGNACIO

	tems 18-22a 7/	24/85 mtb F#605 DEPARTA	STATE OF A	AND MENTAL HY	The same of the sa	404	4
	REGISTRAR	MEDICAL E	XAMINER'S	CERTIFICATE OF	DEATH REG.	NO.	,
	DECEASED NAME FIRST	WIDDLE		LAST	20. DATE KNOWN OF ESTI-	XX MONTH DAY Y	YEAR 26 HOUR
		llis E.	M	forris	DEATH MATED	□ 5 30 19 8	85 M
3. SI	EX 4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS IF UN	DER 1 YR. IF UNDER 2	4 HRS. 2t. DATE	MONTH DAY	YEAR 2d HOUR
F	emale Black	8 27 60	24 YRS.	DATS HOURS	DEAD	5 30 198	85 2:10A
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNT	RY? B. MARR	IED NEVER MARRIEI	9 BALTIMORE CIT	Y OR COUNTY OF DEAT	Н
Wa	ashington, D.C.	U.S.A.	WIDOW	/ED DIVORCE	Baltimo		MD.
10. 0	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI	SING HOME, OR OTH REET ADDRESS)	IER INSTITUTION	12a USUAL OCCUPATION ( FOR MOST OF WORKING LIFE)	TYPE OF WORK 12b. KIND C	OF BUSINESS OUSTRY
100	Baltimore	4146 Mt. Wo	od Road				
	UAL RESIDENCE (IF IN NURSING HON STATE 13b COI	DATY 13c. CITY	DEFORE ADMISSION)  OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
	aryland	Bal	timore	YES 🙀 NO 🗌	3605 Bowers	Avenue Apt.	D21207
14.1	FATHER'S NAME	WIDDLE	AST	15. MOTHER'S MAIDEN	NAME	LAST	
	Larry	Mor	ris, Sr.	Mac		Lee	
	WAS DECEASED EVER IN U.S. (YES, NO, OR UNKNOWN) (IF YES, G	ARMED FORCES? 16b. SOC IVE WAR OR DATES)	IAL SECURITY NO.	17 INFORMANT	ADDRE		
1	NO/		N/A	Larry Morr	is, Sr. 1513		
	18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU	anly ane cause per line far (a), (b),	,			APPR OX BETWEEN	CIMATE INTERVAL ONSET AND DEATH
		IATE CAUSE (a) Narcot					
3	Canditions, if any, whi	DUE TO, OR AS A CONS	SEQUENCE OF				
	gave rise to immedia	ite (b)					
	cause (a) stating the und lying cause last.	DUE TO, OR AS A CONS	SEQUENCE OF				
	PART 2 OTHER CICNICICANT COMMITTE	NC CONTRIBUTING TO DEATH BUT NOT BELLET	YA YA YUU YERMUU AKE KA				
z		NS CONTRIBUTING TO DEATH BUT NOT RELAT	EU IU IHE IERMINAL UISEAS	E OR CONDITION GIVEN IN PART	1 0		
ST ST	190 DATE OF OPERATION	19b. CONDITION FOR V	VHICH OPERATION W	'AS PERFORMED?		20 AUTO	PSY?
FIC	74					YES	
CERTIFICATION	210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21c. HC	OW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM		A NO L
AL C	UNDERLYING OR	HOUR A.M. MONTH	DAY YEAR				
MEDICAL	CONTRIBUTING CAUSE C	21e PLACE OF INJURY		CATION			
ME		STREET, FACTORY, FARM, ETC		STREET	CITY OR TOWN	COUNTY	STATE
				₩			
		arge of the remains described above		sy X, Inspection	, Inquiry	and in my apinian	
	death resulted fram	tural causes 44, Accident	, \$bicide	, Hamicide	Undetermined manner	١.	
	ACTUAL	Anna KI Su	mich	TITLE (SPECIFY)	of	DATE 5/	30/85
	SIGNATURE		W-W	Acting Chi	CMEDICAL EXAMINER	SIGNED 5/	50/05
	EXAMINER'S NAME (TYPE OR PRINT)	homas D. Smith,	M.D.	ADDDESS 111 F	enn St. Bal	to.MD.	
23e	BURIAL, CREMATION, REMOVA		AME OF CEMETERY O		23d. LOCATION		
	(SPECIFY) BURIAL			orial Park	Arbutus,	COUNTY	Md.
24	FUNERAL DIRECTOR					GISTRAR'S SIGNATURE	
W	m C March F/H.	Inc. 1101 E Nor	th Avenue	JUN	7 mor 6.4	a Fairday Pan	
-11	III O HIGHOIT 1/119	11,01 LLOL E 1101		1 0 0 11	5.00	- Andrews	4.02



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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' '	REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO	D.		
	CEASED NAME FIRST	WIDDIE	ĹA	ST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
1	GARY	WAYNE	MORS	BERGER _		5	5 85	2320 PM
3. SE	X	4 RACE	5. DATE OF		6 AGE (IN YEARS LAST BIR	(HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
V	MALS	WHITE	MONTH	15 43	41	YRS.	MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWEL	NEVER MARRIED DIVORCED	BALTIMORE CITY O	-	CITY	MD.
	BALTIMORE	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH SCRIETY, GIVE STREET SOUTH SALT (~	ADDRESS)	SCHER INSTITUTION	12a USUAL OCCUPATI (TAPE OF WORK FOR MOST O SUPER DAT	ON F WORKING L A PRO	IZB KIND ( INDUSTRY CXCITY	OF BUSINESS OR OF BALTO
13a. S	MARYLAND BAI	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR INTY LTIMORE BALTO, HG	LDS.	13d. INSIDE CITY LIMITS? YES 🖅 NO 😾	136.STREET ADDRESS			21227
11	ATHER'S NAME FIRST  CHRISTIAN W	ALTER ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		IS MOTHER'S MAIDEN NA	MARIE		سررد	Ams
160	VEC	RMED FORCES? 166. SOCIAL SECULAR OR DATES) 2-1965 215409	1	17 INFORMANT ELIZABETH M.	MORSBERGER			.227 IORE ST.
	PART 1. DEATH WAS CAUS	DUE TO, OR AS A CONSEQUE   JENCE OF	Przuma	1 ung			IMATE INTERVAL ONSET AND DEATH	
CERTIFICATION		CONDITIONS CONTRIBUTING TO	DEATH BUT N	NOT RELATED TO THE TERM		20b. IF YE	VEN IN PART 11	NGS USED
	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M. 19							
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
	saw the deceased alive of	poitol) ottended the deceased from_ n19		that in (my) (our) apinion	death accurred on the de	ote and ha		that (I) (we) last causes stated
	In Schille		D	EGREE ATTENDING	MEDICAL STAI	F	22c. DATE	SIGNED

MPORTANT: If Item 21 is morked or Item 18 shows ony

should be detached for use as

74 FUNERAL DIRECTOR 21229
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE. DHMH - 16 50M 4/83 (VRA 15, 4)

27d PHYSICIAN'S NAME (TYPE OR PRINT)

CREMATION, REMOVAL

BURIAL

1-MANER 231. NAME OF CEMETERY OR CREMATORY

23d. LOCATION
CITY OF TOWN
ELKRIDGE

HOWARD MARYLAND

MEADOWRIDGE MEM.

22e ADDRESS

05-09-85

23b. DATE

(6, 2) STATES THE PERSON OF THE PARTY OF THE PERSON THE TOTAL OF STREET STREET STREET STREET STREET Management of the second of th 23/10/11/20 the second of the second of the second and the contraction of The second second 

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

07/84 25M

## STATE OF MARYLAND

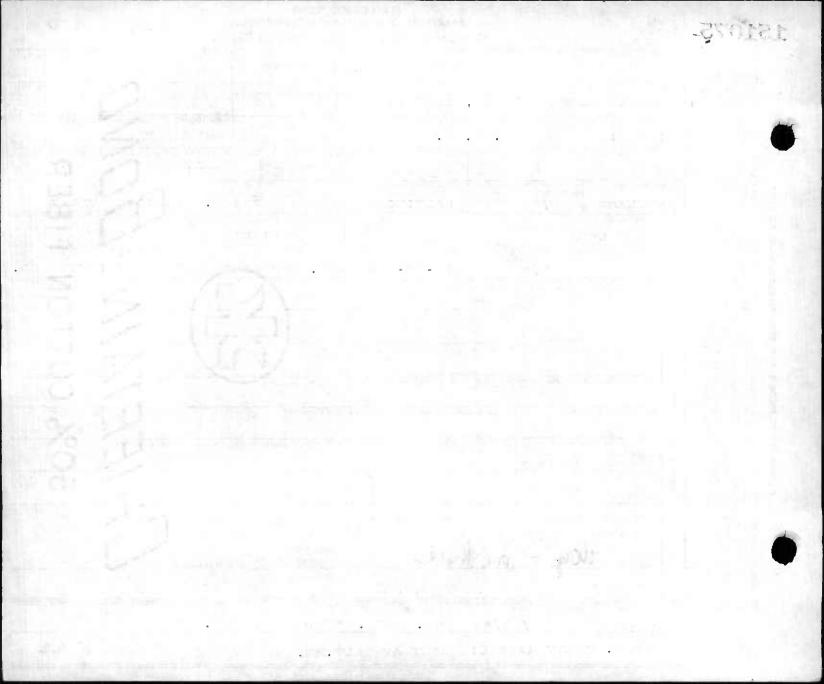
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1075	FOR STATE REGISTRAR
9	1. DECEASED NAME

DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	-	9	U	L	0		
EG.	NO.						
WN		MONTH	DAY	YE	AR	26	НС

) SE	The state of the s	LACK 5. DATE MONTH	H DAY	VEAR 1925 6. AGE (IN	YEARS IF U	NDER 1 YR. IF	UNDER 24 HRS.	OF ESTI- DEATH MATED  20 DATE PRONOUNCED DEAD	5-22-	-85 19 DAY YEAR
J 4	IRTHPLACE (STATE OR DREIGN COUNTRY) I RG I N I A		u. s.		WIDOV		NARRIED	Baltimore City	re City	Y OF DEATH
	Baltimore 11. NAME OF HOSE			atoga Str	eet (	W)		JAL OCCUPATION ( MOST OF WORKING LIFE)  RETIRED		OR INDUSTR
5 130. S M	AL RESIDENCE IIF IN MI STATE ARYLAND	13b. COUNTY		13c. CITY OR TOWN	N	13d INSIDE CITY I		W. SARA	TOGA	STREET
VAL.	ATHER'S NAME FIRST		LAST 15. MOTHER'S MA		RGIANA	WIDDLE	Lov	LAST <b>E</b>		
	WAS DECEASED EVER YES, NO, OR UNKNOWN) NO	(IF YES, GIVE WAR OR D.	ATES)	166 SOCIAL SECU		MRS. N		ADDRE T MORTON	SS 1 3 1 1 WOOD	
ATION	Canditions, if gove rise to cause (a) stating lying cause lost  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPER.	immediate g the <u>under</u> :  NT CONDITIONS CONTRIBUT	(c)	S A CONSEQUENCE T NOT RELATED TO THE TO	ERMINAL OISEA					20 AUTOPSY?
CERTIFICATION	21a EXTERNAL CAU	In					YES 🗆			
MEDICAL CE	UNDERLYING CONTRIBUTING 21d. INJURY OCCUR WHILE NOT AT WORK AT W	OR CAUSE OF DEATH	P.M. P.M. P.M.  P.A.  P.	MONTH DAY YE	EAR 21f. LC	OCATION STREET	CURRED (ENTER N	NATURE OF INJURY IN ITEM	18 PART I OR PART	. 0
		I toak charge of the	V		n Autar Suicide	Homicide	CIFY)	Inquiry, ermined manner	and in my apir	
230.8	ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	Margarit	ia A. K	orell,M.	).	A.D. Assis ADDRESS1	11 Penm	Street	DATE SIGNED	5-22-8



)40		REGISTRAR	3	CERTIFICATE OF DEATH	REG. NO. 5	6 85
		DECEASED NAME FIRST	MIDDLE	JEFFERSON	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
374		MARGAG	RET E.	MOSBY	5	685 508
1	3. :	SEX CONTRACTOR OF THE PROPERTY	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
1	,	OUDT LIDITACE	0	MONTH DAY YEAR 25	YRS	
9	70	BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTE	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
	5	VIRGINIA	USA	WIDOWED DIVORCED	Baltmon	
250	> 10	Balt more	(IF NOT IN SUCH FACILITY, GIVE STE	SING HOME OR OTHER INSTITUTION HEET ADDRESS)  A  A  A  B  B  B  B  B  B  B  B  B  B	The USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR INDUSTRY
and po	13 13	UAL RESIDENCE (IF NURSING HOME I. STATE	OR OTHER INSTITUTION GIVE RESIDENCE (E)	FORE ADMISSION)  13d INSIDE CITY LIMITS?  A LITHULGES ON NO	13. STREET ADDRESS / ZIP CODI	inst 21213
nue	14.	FATHER'S NAME	MIDDLE . LAST	15 MOTHER'S MAIDEN NA	ME	LACT
S.	9	TUCKER	Mos	BY MYRTL	E	LOVING
medicol	160	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS	
med		NO (IF TES	220-22	L-1015 Hercules J	lefferson 1625	E.25th Stree
		18 CAUSE OF DEATH (Enter	only one couse per line for (a), (b), SED BY:	and ic-		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			ATE CAUSE (0) HY POT	TENSION		3min.
		1 10 2 3 1	DUE TO, OR ASAA CONSEC		1	1.1
		Conditions, if ony, which	( ANOXI		1. VENTRILLIAR	4 DAY
,	-43	gove rise to immediate couse (0), stating the	DUE TO, OR AS A CONSE	DUENCE OF	TACHYCARD	H -1
	-	underlying couse lost.	(c) UN EXP	LAINED METABOLI	C tal Dosis	7 DAYS
o'A' colu	1,		CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION GIV	EN IN PART 110
	٩	LARYN	IGEAL CA,	Diabetes Mellitus.	Kenly Tubular	acidosis
6	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES NO YES YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S \( \text{NO} \)
Sha	400			DAY YEAR 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
1	4	OR CONTRIBUTING CAUSE OF C	CAIII	19		
5	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
	2					
2		220.1 certify that (I) (this has	pital) attended the deceased from	19.85		19_85_, that (II (we) last
		sow the deceased alive a	on DO 19	ond that in (my) (our) opinion	death occurred on the date and hou	r and from the causes stated
		22b. SIGNATURE	1	DEGREE		22c. DATE SIGNED
		Jugela	Cosbu	MI) ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	5.685
-		22d. PHYSICIAN SMAME (TYPE	OR PRINT)	22e ADDRESS		
		I Angela	CORBIN,	MD Univ. OFMD	22 So Greene	St Balt, Md.
2	230	BURIAL, CREMATION, REMOVA	AL 236. DATE 23	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
		BURIAL	5/10/85	arrison Forest V	A Owings Mills	s. Md.
7/84		FUNERAL DIRECTOR		25a DA1	TE REC'D. BY REGISTRAR 256. REGIST	BAR'S SIGNATURE
	1	vm C March F/	H Inc. 1101 B	North Avenue M	AT 8 1985 / WALK	Service Comments

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

# 141087

FOR - STATE REGISTRAR

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL  CERTIFICATE OF DEATH	HYGIENES

FICATE OF DEATH	REG. N	10.				
es has	2s DATE OF DEATH	5	15	95	70	12
OF BIRTH	& AGE INTERSTASTS	RINDAY	IF UHIDE	SABELS	# UNDER	24 HR
125/02	81	- YRS	movins.	DAYS	HOURS.	36.00

DECEASED NAME Delilah CHIPS OR PRINTS m in 4. RACE DATE 1.5EX 7b. CITIZEN OF WHAT COUNTRY I STATE OF FOREIGN MARRIED NEVER MARRIED WIDOWED DIVORCED IDENCE IF NUMBER HOME OF OTHER TITL COUNTY IN U.S. ARMED FORCE I OF YES, GIVE WAR DEDAILS. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse (a), stating underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CERTIFYING CAUSES OF DEATH? Small Gowel NO [ 21a. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE AT WORK AT WORK

220.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive on\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE MEDICAL STAFF ATTENDING DIRECTOR PHYSICIAN

73h D/

MPORTAN 0

DHMH - 16 50M 4/83 (VRA 15, 4)

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THATAI DUCHEL IN MOSTER STREETS IS EST OF 6/27/02 arrespondent to & Q. caster than the the the the weether will be the last 1600 Fresh Jak 2000 Charles Towns Town contablic indoustry covers as 6 me die 1/25 Sant benit he bestration to Contest and and TIES GLECOC ST. Polic K. DEIDE Salthing in Federal Land It.

# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP.

retained by the hospital or attending physician.

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# FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

-	4	0	1	9
- 1	-	U		-

8	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1	1 DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MO	ONTH DAY YEAR 26 HOUR
	ANNA	A	Poskowitz	5-3	23-85 62
3	3. SEX	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHE	MONTHS DAYS HOURS MI
	FEMALE.	W HITE	4-11-1904	81	YRS
13	TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
35	Baltimore	4.5.	WIDOWED DIVORCED	BALTIMO	RE CITY
2.	10 CITY OR TOWN OF DEATH	17. NAME OF HOSPITAL, NURSI  (IF NOT IN SLIGH FACILITY, GIVE STREE	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	
10	Baltimore	Lavindala Ge	vintue H. & Hosp	Home make	AT HOME
35		DUNTY 134 CITY OR TO		13e STREET ADDRESS / Z	ZIP CODE
1	MD	BALTIN		6 Amleht	Ct. Apr 1 1 B 2
	14. FATHER'S NAME FIRST		15. MOTHER'S MAIDEN N	AME	LAST
20	MENDEL	LEESIN		15 77000066	UNKNOWN
1		GIVE WAR OR DATES)		MR. TEDDY MO	
_	NO	215-10-	-8154D 3208 KEYS	ER RD. BALT	O., MD 21208
	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAL	only one couse per line forgat, (b), o	nd tc.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
ony injury.	PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING		DEATH BUT NOT RELATED TO THE TER H OPERATION WAS PERFORMED	200 AUTOPSY? 2	206. IF YES, WERE FINDINGS USED
SMO	AH.			YES NO	YES NO NO
0 0	210 ACCIDENT WAS UNDERLYING		DAY YEAR 21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY II	NITEM 18 PART I OR PART 2)
E /	OR CONTRIBUTING CAUSE OF	DEATH	19		
5	(IF EITHER NOTIFY MEDICAL EXAM	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM ETC ) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
O I W	WHILE NOT WHILE AT WORK				W.
Ĕ.		ospital) attended the deceased fund.	5 - 13 198	2_, to	19, that (II (we) I
7		on		n death occurred on the date	and hour and from the causes stated
1	77E SIGNATURE	1 /	DEGREE	MEDICAL STAFF	221 DATE SIGNED
	NW	W 8 m	PHYSICIAN	DIRECTOR PHYSICIA	NO 3-64-0
1	B- ZV	W-WIN, M	LEVINDA	1e HED. Ge	VITESZ GR212
2	230. BURIAL, CREMATION, REMOV	VAL 236. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
. [	(SPECIFY) BURIAL	MAY 24,1985	ANSHE NEISEN	ROSEDAL	2.1210
7/B4	(SPECIFY) BURIAL 24 FUNERAL DIRECTOSOL LI		ANSHE NEISEN NC. 25a. D/	ROSEDAL  ATE REC'D. BY REGISTRAR 251	

DHMH - 16 60M 7/B4 (VRA 15, 4)

The painting of the mpletely filled in by the furn and 2 should be filed with n

FOR - STATE

REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

2	1	divid	U	~	6
REG. NO.					

		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1	(IIIFE	JOHN	MOUZ	ON	5-11-	85 5:45 AM
( ( )	3 SEX	M /	RACE S C	ATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
		1110/2	Black	6 8 32	52 YRS	
87 87	7a. BI	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	ARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
1 4 1		South Carchina		DOWED DIVORCED	Ballimor	1110
offer the dwift	10. CI	TO COWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NURSING HO UCH FACILITY, GIVE STREET ADDRE</li> </ol>	OME OR OTHER INSTITUTION	12a USUAL OCCUPATION (1) PE OF WORK FOR MOST OF WORKING LI	126 KIND O HINESS OR
nn by	LUSU/	DOMINONE IT AUTHOR HOME ON OF	THEREY HOS	filal	VISODILITY	1 2 2 2 2
24 ho	lle.5	III COUNTY	III SITY OR LOWN	138 INSIDE CITY LIMITS?	13 STREET ADDRESS / ZIP CODE	
thin 2 sho	114 FA	THER'S NAME	(Sellimer	15 MOTHER'S MAIDEN NA		WING HOME
w ba		Toka	Avet Ma	120V 11/1/	· Mare	Tisdale
d co		AS DECEASED EVER IN U.S. ARMI	ED FORCES? IIII. SOCIAL SECURITY	NO. 17 INFORMANT	ADDRESS	1. 4. 1
Pognon emed		No	213-32-9	149 Theodore 1	110WZON 1207 W.A	VerTh Ave
ysicid operation operation of the	U	TE CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane couse per line for (a), (b), and (c)	4	YONDRY ARROS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
g ph son po remo		IMMEDIATE		A OF Flore o	A Mesin	IMM COURTE
endin cork n, or matic			DUE TO, OR AS A CONSEQUENCE	OF OF FLOOR OF	= LOUTH	SECURAL YEARS
e dec move more trou		Conditions, if any, which gave rise to immediate	(b) CARCINOMI	+ OF FLOOR OF	7480111	Sumo femes
of the series crem		couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE	OF		
ned b		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GEV	VEN IN PART 11g
n sig Then to b	NO.	44		CONTENENCE, APHAS		
ow r	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPER	RATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
The I	RTIF	1/28/85	CARCINOME OF		YES NO YE	S NO
AN: ficot from trom 18 s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTION AUSE OF DEATH	116. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18.1	PART I OR PART 2)
rSICI ling   cert cert voriol	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. NIP	211 LOCATION		
the bond /	ME	WHILE ON AND	(AT HOME STREET FACTORY OFFICE, FARM E		CITY OF TOWN	COUNTY STATE
or o or o se os se os solith		22a.1 certify that (I) (this haspital	) ottended the deceased from	MAN 19 85	to II MAY	19 85 that (1) (we) last
TTEN Portol for us of He			11 MAY 19 85	and that in (my) (aur) opinion	death accurred an the date and hau	
hosy hosy ihed ept.		22b. SIGNATURE	A Commence of the contract of	DEGREE		22c. DATE SIGNED
AL CAL Detoc		1. 1. X Chwo	21	ATTENDING PHYSICIAN [	MEDICAL STAFF  DIRECTOR PHYSICIAN	- IIMAY 8T
oSPITA ed by UNERA Id be de the Stot		22d PHYSICIAN'S NAME (TYPE ORP	7)1/	22e ADDRESS	C- 2	
etained TO FUN Should b		V. T. SCHWA			Deve St, BACT.	MD
		URIAL, CREMATION, REMOVAL	236 DATE 23c NAME	OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY
BP	24 FL	INERAL DIRECTOR	2/12/82 /11/	10 pt Comeller 250 DAT	EREC'D. BY REGISTRAR 256, REGIS	RARIS SIGNATION
DHMH - 16 60M 7/84 (VRA 15, 4)		M. Alin P. I	Rewn 1206 W.	Maste App. MA		Day Man
	-	CULTURAL CITY	THE POUR IV-	VO IL		

6 130 1 Similar Water St. S. S. S. Saller California Theres, displat . Disability the lower of the harmy there . eleka Triph hear Little Mar Triphele of This was and water their section to the state of the state of the Burnet Stafet Mil Blacker Worker Gotte L. Mara College March Will bear Hora Well . Wes

# STATE OF MARYLAND DEPA MEDIC

RTMENT OF HEALTH AND MENTAL HYGIENE	1 4	(1)	13
AL EXAMINER'S CERTIFICATE OF BEATH	250 110		-

1		Declare History									KLO.	140.			
	I. DEC	CEASED NAME	FIRST		WIDDIE			LAST			20. DATE KNOWN	MONTH	DAY	YE AR	2b. HOUR
	(10)	CORPRIETY	Larry	R	obert		Mow	bray			OF ESTI- DEATH MATED		23/ 19	85	M
	I. SEX		4 RACE	S. DATE OF BIRTH	YEAR	6 AGE (IN YEA	RS IF UN	DER 1 YR		R 24 HRS.	2c DATE	MONTH	DAY		24 HOUR
	Ma	ale	White	7 16	60	24 YR		DAYS	HOURS	MIN.	PRONOUNCED DE AD	5/	23/19	05	5:50
_		RTHPLACE (51	ATE OR	76 CITIZEN OF WI	HAT COUL		P	ED NE	V50	DUE X	9. BALTIMORE CITY	OR COUNT			A m
5		reign country) aryland		U.S.A			WIDOW	_	DIVOR		Baltimor	City			
0		TY OR TOWN (		11. NAME OF HOS	PITAL, NL					12a. USI	JAL OCCUPATION (		26. KIND C	OF BUS	INESS
X		Ral+i	imore	(IF NOT IN SUCH FA		Hospit	-a1 C	hook	mr οι ir		nost of working (IFE) abor		OR IN	DUSTRY	1
_		L RESIDENCE		R OTHER INSTITUTION, GI	VE RESIDENC	E BEFORE ADMISSIO									
5	13a S1	aryland	13b COUNT	Υ		yortown a <b>ltimor</b> e	2	13d. INSIDE (	NO [	13e STR	eet ADDRESS 00 Hollins	Forma	Rd	21	230
4		THER'S NAME			De	TLLIIIOL				DEN NAME		rerry	Ru.	2,1	230
2	13.17	Herman		MIDDLE	10.	lowbray		1	Betty		WIDDLE		Ston		
ال	16n M		EVER IN U.S. ARA			CIAL SECURITY	NO	17 INFOR/			ADDRE	cc	PLOI	ie	
/	(YE	S, NO, OR UNKNO	WN) (IF YES, GIVE V	VAR OR DATES)		8-80-048				. 1			n ı	010	0.7
		NO					o T	nerma	in Mo	woray	2405 Bru	nswick			
		PART I DE	ATH WAS CALISED	y one cause per line 8Y:										XIMATE III ONSET A	AND DEATH
			IMMEDIAT	E CAUSE (a)		<u>not Wou:</u> nsequence c		o lei	t wri	st ar	nd Chest			-	
		Condition	ns, if any, which	DUE 10, OR	AS A CO	NSEQUENCEC	)}								
		gave ris	e to immediate	(b)									-	-	
		lying caus	stoting the <u>under</u> - se lost.	DUE TO, OR	AS A COI	NSEOUENCE C	)F								
			T	(c)											
	-	PART 2 DTHER SIG	GNIFICANT CONDITIONS C	DATRIBUTING TO DEATH	BUT NOT REL	ATED TO THE TERMI	NAL DISEASI	DR CONDITIO	N GIVEN IN P	PART 1 to					
	CERTIFICATION														
1	CAI	19a DATE OF	OPERATION	19b CONDI	TION FOR	WHICH OPERA	M MOITA	AS PERFOR	MED?				2D AUTO	OPSY?	
	RTIF												YES	X	NO 🗌
7			I CAUSE WAS	216. TIME OF HOUR A.M		DAY YEAR	21c HC	YNULVI WC	OCCURR	RED CENTER	NATURE OF INJURY IN ITEM	18 PART 1 OR PART	(2)		
-	MEDICAL		OR NG CAUSE OF D			/23/85		subjec	ct sh	ot					
	AEDI	21d INJURY O	CCURRED	21e PLACE C				CATION TREET			CITY OR TOWN	CON	NIY	157	STATE
	~	AT WORK	NOT WHILE X	re	sider	nce	3.00	00_Ho	llins	Ferr	v Rd. Ba	lto.	Md.		
				e af the remains des				y X.	Inspecti		* 17	and in my api	nion		
		death resulte		ol causes .	Accident		cide		cide X		ermined manner	].			
			1	/		,			PECIFY)	0.100					
		ACTUAL SIGNATURE_	XIO				AA	- 1		T MED	ICAL EXAMINER	DATE	5/2	23/8	5
7										,,,,,,,	COL ENAMINER	JIGHEL			
1	-	EXAMINER'S I (TYPE OR PRIN	NAME Grego	ory R. Ka	uffma	an, M.D		ADDRESS_	1	11 Pe	enn St.				
	23a.8l	JRIAL, CREMAT	ION, REMOVAL 2			NAME OF CEN			ORY	23d. LC	CATION	6000	rv	6747	
	(5)	Bur	ial 5	5/25/85	Ce	dar Hi	11 Ce	emeter	ту	Bro	oklyn Pk.	A.A.	Mar	yla	nd
	24. FL	NERAL DIREC	TOR	1000000		2-	1229		250. DATE		REGISTRAR 25b RE		GNATURE		

07/84 25M

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

**DHMH - 17** (VR A15 ME (5))

EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN TEAM 18. GIVE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAG AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVIS BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

5/27/85 Juli Davidon Rondon

\$5000 E

ly filled in by the fur

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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23		64	0	2	600
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	REGISTRAR			CERTIF	ICATE OF DE	AIR	REG.	NO.		
	ECEASED NAME	FIRST	MIDDLE	l.	AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(17)	PE OR PRINT)	Ronald	W.	Mo	wry		5-3-85			1:25PA
3. SE	EX		RACE	5. DATE C	)F BIRTH		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	
	MALE		WHITE	MONTH 7	29	13	71	YRS		HOURS MIN.
7a. 8	BIRTHPLACE (STA	TE OR FOREIGN 7b.	CITIZEN OF WHAT COU	NTRY? 8	D NEVER MA	A DOLED	9. BALTIMORE CITY			
	anchest	er.N.Y/	USA	WIDOWE		ORCED [	Baltimo	ma C	itr	J.M.
	ITY OR TOWN O		NAME OF HOSPITAL, N		OR OTHER INSTIT	TUTION	12a. USUAL OCCUPA	ATION	12b. KIND C	OF BUSINESS OR
VI	Baltimo	re /	St. Agnes		-al		Accountin			
			HER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION)	13d INSIDECIT	V LIANITS2	13e.STREET ADDRES			
100	VId.	1867 t		nsville		NO TH		ftsw		110000
	ATHER'S NAME	1			15 MOTHER'S		ME		With Control of the C	
	Thomas	MIC	Mow			rtrude	MIDDLE		Warner	
169/	WAS DECEASED	EVER IN U.S. ARME		L SECURITY NO.	17 INFORMAN	IT	ADE	DRESS	1	0400
1	NO UNKNOW	N) (IF YES, GIVE W	(AR OR DATES)	03-1:30	Albin	a Mon	mv-1075		alto. Md tswood	2122
-	Is CAUCE OF	EATH (Eather and	one couse per line for $\phi$ ),		4 4-0	ic MON	1 y-10/5	Oral		XIMATE INTERVAL ONSET AND DEATH
	PART I. DEA	TH WAS CAUSED	2V.	rdioresp	hatery	111	rect		BETWEEN	ONSET AND DEATH
	The state of the s	IMMEDIATE	CAUSE (o)	wind	1	W L				
-			DUE TO, OR AS A CON	ISECULENICE OF	. 1	00 0	7			
	Conditions, if	ony which		twinter	tina	Kud	ing ( us	elin)		
100	gove rise to	immediate	(0)	3.0			1	1		
	couse (a),	stoting the	DUE TO, OR AS A CON	SEQUENCE OF	0-01	1	,			
	underlying o	ouse lost	1 10 Ei	whois	of the	le	e.			
1 8	PART 2 OTHER	SIGNIFICANT CO	ADITIONS CONTRIBUTIN	IG TO DEATH BUT	NOT RELATED T	O THE TERMI	INAL DISEASE OR CO	ONDITION G	IVEN IN PART 1	10
ON		Kitaj	laws als	morare	incina	of C	olar to	live		
Y	190 DATE OF OF	ERATION	196. CONDITION FOR V	WHICH OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?		ES, WERE FINDI	
E							YES NOT		TIFYING CAUSES YES	NO
CERTIFICATION	21a. ACCIDENT WA	S UNDERLYING	21b. TIME OF INJURY		121c HOW IN IL	JRY OCCURR	ED (ENTER NATURE OF IN			,,,,,
	OR CONTRIBUTING	CAUSE OF DEATH	LIGHT AND MONIT	H DAY YEAR		- OCCOM	(Editor de Or III			
EDICAL		MEDICAL EXAMINER)	P.M.	19	014 10 5 17101					
AED	21d. INJURY OC		21e PLACE OF INJURY (AT HOME STREET, FACTORY, O	OFFICE, FARM ETC )	21f. LOCATION STREET	4	CITY OR	TOWN	COUNTY	STATE
-	AT WORK	OT WHILE								
			ottended the deceased	from MA	y 3	19 75	_, toPa	7	19_03	that (we) lost
	sow the de	ceosed olive on	riew the body ofter death.	19 25,00	d that in (hy) (a	our) opinion d	leoth occurred on the	dote and he	our and from the	couses stated
	226 SIGNATUR	se, talai tala nort	iew me body/offer deoffi.		DEGREE		·		22c. DATE	SIGNED
	and the second	X	6.0.	M	TA G	TENDING _	MEDICAL ST	TAFF		
		/ / /	anan		PF	YSICIAN _	DIRECTOR   PHY	SICIAN		
	22d. PHYSICIAN	S NAME TYPE OR PE			22e ADDRESS	900 0	ton ANE	nue-	Balto.	#21229
	ART	OCMAIN	SARDI		21.	#9	AER HO	PITA	1-	
23a.	BURIAL, CREMAT	ON, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CR	EMATORY	23d. LOCATION	*		
	(SPECIFY) Buri	al	5/6/85	Lorrain	ne Park	Cemete	Ty Woodla	wn P	Balto.	Md.
							REC-D. BY REGISTRA	_		
T	DINERAL DIRECTO	TOSU EQUIC	ondson Ave. Cate	OUSVILLE, L	IG. ZTZZ8	MA	V/		IRAK S SIGNA	D'
re	LOY II. & K	assert C. M	litzke Funeral f	nome		TAIL	Y 6 1985	Tuna	mandagon-h	Inflorence.

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion should be detached for use as the burial-transit permit. Then please remove carbon-papers. Perith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

(VRA 15, 4)

86000	Some degree 4 may be	and in by the luneral director, page 3
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	DING PHYSICIAN: The low requires that the death certification that the death certification or attending physician.	After this certificate has been signed by the attending physician and arrests that in by the uneral director, page 3

deoth		CEASED NAME FIRST (CARPRINT)	GIRL M	JLDROW	APRIL 15.	1985 12:1
s after de	3. SE		A RACE Black	5. DATE OF BIRTH  MONTH DAY  04- 15 - 85	6 AGE (IN YEARS LAST BIRTHDAY	
n 72 hour	70 BI	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY			DUNTY OF DEATH
the with		ALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION ET ADDRESS)  INS HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	12b. KIND OF BUSINESS INDUSTRY
35	13a. S M	d.	or other institution give residence befo UNTY 136. CITY OR TO Balto.	WN 13d INSIDE CITY LIMITS	5901Daywal	code t Ave. 21206
1)300		THER'S NAME FIRST WAYNE	TANNE	TITOM	WIDDIE	MULDROW
/wdico		VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (1F YES. C	ARMED FORCES? GIVE WAR OR DATES)		ADDRESS YWALT AVE BA	
emov event		PART I. DEATH WAS CAUS	anly ane cause per line for (a), (b), c SED BY ATE CAUSE (a)	pulmonary Au	ext	APPROXIMATE INTERVAL BETWEEN ONSET AND DE
se remave carb, cremation, or r other troumatic		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEO	vere fremature	ta	
hen please remave co to burial, cremation, ijury, or other trouma	ATION	gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN:	DUE TO, OR AS A CONSEO  (c)  T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TI	ERMINAL DISEASE OR CONDITIC	
t permit. Then please remove co	RTIFICATION	gave rise to immediate couse (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION	DUE TO, OR AS A CONSEO  (c)  T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE THE	RMINAL DISEASE OR CONDITIC	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
hen please remave co to burial, cremation, ijury, or other trouma	EDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN:	DUE TO, OR AS A CONSEO  (c)  T CONDITIONS CONTRIBUTING TO  19b CONDITION FOR WHICE  19b CONDITIO	DEATH BUT NOT RELATED TO THE TILL H OPERATION WAS PERFORMED  DAY YEAR 19 216. HOW INJURY OCC.	RMINAL DISEASE OR CONDITION  200 AUTOPSY?  YES NO NO NOTE: THE PROPERTY OF INTURY IN IT	I. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO 1 TEM 18 PART   ORPART 2)
t permit. Then please remove co	MEDICAL CERTIFICATION	gave rise to immediate couse (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE LIFER, NOTHY MEDICAL EXAMINATION OF CONTRIBUTING TO AUSE OF LIFE LIFER, NOTHY MEDICAL EXAMINATION OF CONTRIBUTING TO AUSE OF LIFER LIFER, NOTHY MEDICAL EXAMINATION OF CONTRIBUTION OF CONTRIB	DUE TO, OR AS A CONSEO  (c)  19b CONDITION FOR WHICE  19b CONDITION FOR WHICE  DEATH HOUR A.M. MONTH P.M.	DEATH BUT NOT RELATED TO THE THE HOPERATION WAS PERFORMED  DAY YEAR  19  216. HOW INJURY OCCUPANT AND STREET  10  10  10  10  10  10  10  10  10  1	PRMINAL DISEASE OR CONDITION  200 AUTOPSY?  YES NO  URRED (ENTER NATURE OF INJURY IN IT	COUNTY STATE
t permit. Then please remove co	4	gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN:  190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF EIFEITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMIN 21 WORK NORW 11 WORK 12 WORK 21 WORK 21 WORK 22 WORK 23 WORK 24 WORK 25	DUE TO, OR AS A CONSEO  (c)  T CONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICH  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH HOUR A.M. MONTH (AT MOME, STREET FACTORY, OFFICE  Epital) ottended the deceased fram  121STRUCK  19 INCLUDED TO THE PROPERTY OF THE PROPERT	DEATH BUT NOT RELATED TO THE THE HOPERATION WAS PERFORMED  DAY YEAR  19  216. HOW INJURY OCCUPANT OF THE PERFORMENT OF T	200 AUTOPSY?  YES NO  URRED (ENTER NATURE OF INJURY IN IT  CITY OR TOWN  To death occurred an the date of MEDICAL STAFF	COUNTY STATE  CO

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, and 2 should be filed within 72 has with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, or other troumofic event, the medical

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Taphac	)

FOR

# STATE OF MARYLAND

	STATE OF MARTLAND
D	PARTMENT OF HEALTH AND MENTAL HYGIENE
н	CERTIFICATE OF DEATH

5	1	4	0	5	6
REG. NO					

1	REGISTRAR Kather	ine M. M	luntz Cl	ERTIFICATE OF DEATH	REG. N	0.	
1	1. DECEASED NAME FIRST	A	AIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEA	L
	KATHERING		М.	MUNTZ		5 11 8	5 2:00A M
1	3. SEX	4. RACE	5. (	DATE OF BIRTH	6. AGE (IN YEARS LAST BI		EAR IF UNDER 24 HRS
	temale	W	HITE IM	ay 18, 19		YRS.	
	70. BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY? 8	MARRIED NEVER MARRIE		OR COUNTY OF DEATH	Н
	Maryland	U.S.	A.   w	DOWED DIVORCE	DIANTO	CITY	MD.
1	10. CITY OR TOWN OF DEATH		HOSPITAL, NURSING H	IOME OR OTHER INSTITUTIO	12a USUAL OCCUPAT		ND OF BUSINESS OR TRY
	Baltimore		ecours Hos		Secretar	y Wes	stinghouse
100	USUAL RESIDENCE (# NURSING HOME O 130. STATE 13b. COU Maryland Cit	NTY	GIVE RESIDENCE BEFORE ADM 13c. CITY OR TOWN Baltimore	YES X NO	COO TT!		21229
	14. FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAID	MIDDLE		LAST
1	Frank	J.	Knell	Kathe	rine	Meehan	
	160 WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECURITY	NO. 17. INFORMANT	ADDR	ESS	
	(YES NOORUNKNOWN) (IF YES, G	THE WAR OR DATES	220-24-268	84 Bernard F	. Knell - Same	as Sec. 13	
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	ED BY:  ATE CAUSE (o)  DUE TO, OI  (b)  DUE TO, OI  (c)  CONDITIONS CC	R AS A COMEQUENCE	ensible Stan	tock (Sup ic lenter Paris E TERMINAL DISEASE OR COM	IDITION GIVEN IN PAR  206. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED USES OF DEATH?
		HOUR A.	M. MONTH DAY		YES X NO DOCCURRED (ENTER NATURE OF INJECTION	JRY IN ITEM IS PART TOR PART	NO []
	OR CONTRIBUTING CAUSE OF DETAILS OF THE CONTRIBUTING CAUSE OF DETAILS OF THE CONTRIBUTION OF	21e. PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FARM,	21f. LOCATION STREET	CITY OR TO	OWN COUNT	Y STATE
	270.1 certify that (1) (this hasp saw the deceased alive a above, (1) (we) (did) (did in 27b. SIGNATORE  27d PHYSICIAN'S NAME (TYPE	not) view the body	19 5	DEGREE ATTEND PHYSIC		22c D	the couses stoted  ATE SIGNID  ATE SIGNID
Ī	230 BURIAL, CREMATION, REMOVA	L 23b. DATE	23c NAM	NE OF CEMETERY OR CREMA	TORY 23d. LOCATION	COUNTY	STATE
j	Burial	May 14	,1985 New	Cathedral Cen	Baltimore	e City Mar	yland

DHMH - 16 50M 4/83 (VRA 15, 4)

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retained by the haspital or attending physician.

Burial May 14,1985 New Cathedral Cem. Ba \*\*Lenowyl Mkscror Russell C. Witzke Funeral Homes P.A. 250 DATE REC'D. 1630 \*\*Edmondson Ave., Catonsville, MD. 21228 MAY 1 Rurial May

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within 24 haurs ofter

executed

ATTENDING PHYSICIAN: The law requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital ar attending physician.

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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-	6	U	5	3	
6		400			

X CHILL	U	REGISTRAR		C	ERTIFICATE OF DEATH	RE	G. NO.		
		CEASED NAME	FIRST	MIDDLE	Mar ohy	2a. DATE OF DEA	TH MONTH DAY	Y YEAR	26 HOUR
	3. SEX	Female	1 RACE Wh		DATE OF BIRTH MONTH DAY YEA	6. AGE (IN YEARS LA		UNDER I YEAR	IF UNDER 24 HR
\$5	CC	RTHPLACE (STATE OR FORE) DUNTRY) Maryland	USA	w	MARRIED NEVER MARRIED	Balt	TYORCOUNTYO	1 .6	-4
De localised	E	ty or town of DEATH	e Setol	UCH FACILITY, GIVE STREET ADDR	DANOR, IN	{TYPE OF WORK FOR M	OST OF WORKING LIFE)	12b. KIND OF INDUSTRY	BUSINESS
must be	13a. S		HOME OR OTHER INSTITUTION COUNTY	n, give residence before ada 13c CITY OR TOWN Baltimore	NISSION) 13d. INSIDE CITY LIMI YES 🔼 NO [	its?   13. STREET ADDR 3124 G1	ess uilford A	ve. 2	1218
Xamine	14. FA	THER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S MAIDE FIRST	MIDI		LAST	
medical		VAS DECEASED EVER IN (ES, NO OR UNKNOWN) (I	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	220-10-47		otts 501 W,	DDRESS Franklin		
vent, the		PART I. DEATH WAS	Enter only one couse po CAUSED BY:	er line for (a), (b), and (c)	ies matry	aulot		BETWEEN O	NATE INTERVAL NSET AND DEAT
injury, or oth	NOI		ICANT CONDITIONS	CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE	ETERMINAL DISEASE OR	CONDITION GIVEN	IN PART 1(o	
aws any	CERTIFICATION	190 DATE OF OPERATIO	19b. CON	DITION FOR WHICH OP	RATION WAS PERFORMED	YES NO	IN CERTIFYI	WERE FINDING NG CAUSES (	
18 st		21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAU	SE OF DEATH HOUR	OF INJURY A,M, MONTH DAY P.M.	YEAR	CCURRED (ENTER NATURE O	F INJURY IN ITEM 18, PAR	T 1 OR PART 2)	
rked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME S	E OF INJURY STREET, FACTORY, OFFICE, FARM,	21f. LOCATION STREET	City C	DR TOWN	COUNTY	STATE
n 21 is ma		220.1 certify that (1) (the saw the deceased above, (1) (we) (did	nis haspital) attended alive an	1.1	12-24 , 19, 19, 19, and that in (my) (our) as	S.Y, to Solution death accurred on t	he date and hour o	and from the c	
NT. If Iten		100	mi tun	zalan	DEGREE ATTENDI PHYSICI		STAFF HYSICIAN []	224. DATE S	Y/F
MPORTANT: If Item 21 is r		22d PHYSICIAN'S NAM	AIME PL	NZALAL	22. ADDRESS 5214 /	Harford rd.	Bulg. M	ud.	
_	(	urial, Cremation, re Burial	23b. DATE 5/17	/85 Sacre	e of cemetery or cremated Heart of Je	Sus Dundalk	Balto.	Co., N	STATE
77		NERAL DIRECTOR	06014 11	ADDRESS 650	00 York Rd. 25	a. DATE REC'D. BY REGIST	RAR 25h. REGISTRA	R'S SIGNATI	IRE notable

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The Park of the Control of the Contr

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lled in by the funeral director, page 3 uld be filed within 72 hours after death

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours retained by the hospital or attending physician.
DIVISION OF VITAL RECO	TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.
	TO HOSPITAL OR ATT

# STATE OF MARYLAND DEPAR

TM	ENT	OF	HE	ALTH	AND	MENTAL	HYGIENE
	CE	RTI	FIG	CATE	OF	DEATH	

S

' '	REGISTRAR			CER	TIFICATE OF DEATH	REG. NO.	
	CEASED NAME E OR PRINT)	SE	,	WIDDLE	Murray	20. DATE OF DEATH MONTH	OAY YEAR 26 HOUR -15-85 // APM
3. SE	F.		RACE	M	TE OF BIRTH 10NTH 4 - 28 - 18	6 AGE (IN YEARS LAST BIRTHOAY)  VRS	
	IRTHPLACE (STATE OR F		4.5	wide	RRIED NEVER MARRIED DWED DWORCED	BALL,	ZITU MO.
6	allimore		BON	HACILITY, GIVE STREET ADDRESS)  COLOR GIVE RESIDENCE BEFORE ADMISSIN	HOSD.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	
130.	STATE  ATHER'S NAME	13b COUNTY		Ballimore	13d INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS / ZIP, CO	ea Terr. 01216
0	EVNEST WAS DECEASED EVER		D FORCES?	Tucker 166 SOCIAL SECURITY NO	LONey	MIDDLE Ke:	LAST
	YES, NO OR UNINOWN)	(IF YES, GIVE V	VAR OR DATES)	214-14-1648	BENNESTINE N	larray 209E4	1314 St. 21212
	. 18. CAUSE OF DEAT PART I. DEATH W		BY: CAUSE (a)		arrest:		BETWEEN ONSET AND DEATH
	Conditions, if any, gave rise to imm cause (a), statin underlying cause	nediate g the	(b)	RAS A CONSEQUENCE O HYPOKIA RAS A CONSEQUENCE O ALLOTEK LII	respiratory in	afficiency	
NOL	arterio	scle	rosis	- ; Khle-G	ifi.	MIN AL DISEASE OR CONDITION (	
CERTIFICATION	NONE		$\wedge$	ITION FOR WHICH OPERA		YES NO IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \( \text{ NO } \text{ \text{ NO } \text{ }
MEDICAL CE	210. ACCIDENT WAS UNE OR CONTRIBUTING (FEITHER NOTIFY MEDI	AUSE OF DEATH	Ρ.	m. month day ye m.	AR 19	RRED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)
MED	WHILE NOT WHAT WORK AT WORK	ILE 🗌	21e. PLACE ( (AT HOME STR	OF INJURY REET, FACTORY, OFFICE, FARM, ETC	2H LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220. I certify that (1) saw the decease abave, (1) (we) (c	ed alive an_	5-	15 1985		n death occurred on the date and h	
	77b. SIGNATURE	Offe	ref	12.	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5-15-85
	PR- EA	9/14 5	AMUE	15 talke	774 ADDRESS		
	BURIAL CREMATION,	REMOVAL	5/2	1/85 Bal	I MONE CEMETE	ry Ballimore	COUNTY
24 F	William	C. B.	Nwon	1206 W. /	Worth Ave MA	Ye is O 1985 RAR 24 RIG	IS TOOK AS A MANAGE

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion of should be detached for use as the burial-transit permit. Then please remove carbonpapers. Par with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. APORTANT: If he in 21 is marked or frem 18 shows any injury, ar other traumatic event, the

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Every Station by Times Country restlicans on

and the plant of the same of

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within 24 haurs

certificate

OR ATTENDING PHYSICIAN: The law

retoined by the hospital or

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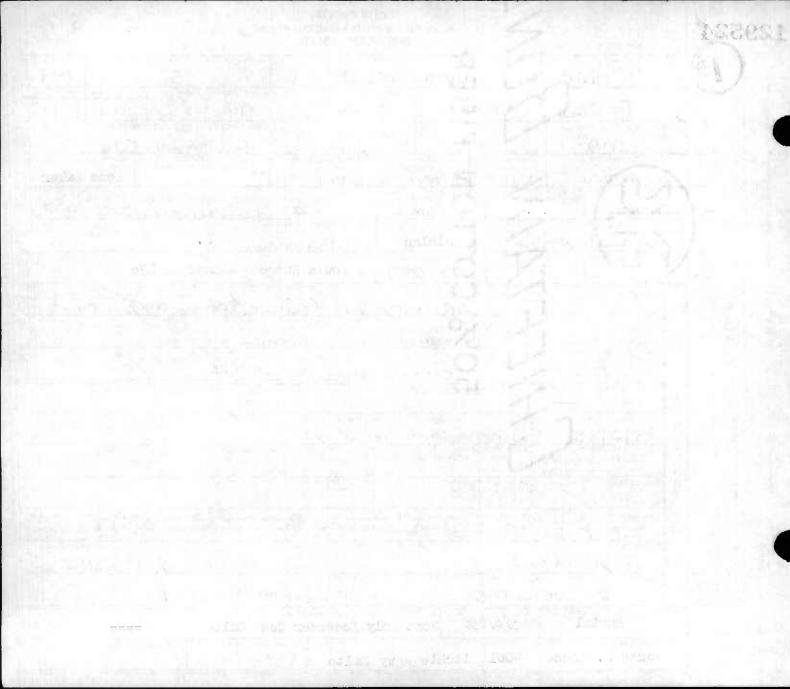
129524	FOR TATE REGISTRAR	
a march	1 DECEASED NAME	FIRST

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

,		3	- 20	1	14.00	1
,	5	1	4	U		-

	ECEASED NAM	E FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONIH	DAY YEAR	2b HO
The City	PE OR PRINT)	MAR	15	ANNA	· m	nutt		5 -	3-85	134
3 S	EX	-1-1	4. RACE			OF BIRTH	6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEAR	
	F	EMALE	CAU	CASIM	MONT	H - 4 - 10	74	YRS.	MONTHS DAYS	HOURS
70.1		STATE OR FOREIGN	76. CITIZEN O	F WHAT COUNTRY	Y? 8		9 BALTIMORE CITY		Y OF DEATH	-
0/	COUNTRY	nn	Lis	A	WIDOW	ED NEVER MARRIED LI	Baltin		(171	
10 (	CITY OR TOWN	OF DEATH	11. NAME O	F HOSPITAL, NURS		OR OTHER INSTITUTION	120. USUAL OCCUPAT		12b KIND	OF BUSIN
XIS	20110	nore!	Uni	SUCH FACILITY, GIVE STRE		Tr. 0	Housewife	DE WORKING LI		Mak
7 USI	UAL RESIDENCE	LIF NURSING HOME OF	ROTHER INSTITUTIO	ON GIVE RESIDENCE BEFO	ORE ADMISSION)					270023
5 130.	STATE	135 JOUR	A.	13c CITY OR TO	mal	136 INSIDE CITY LIMITS?	405 TOW	/ ZIP COD	E OUT	212
24.F	FATHER'S NAMI	E		Balan	CIT WALL	15. MOTHER'S MAIDEN NA	ME	Der ex		
4	FIRST	UNKNO	MIDDLE	Jih	lan	Barba	NE- MIDDLE		Ŕ	atul
7 160		DEVER IN U.S. AR	RMED FORCES			17 INFORMANT	ADDR		-	
	NO NO OR UNKN	OWN) (IF YES, GIV	VE WAR OR DATES)	21707	3897	Louis Run	ge Same	as l	3e	
	18 CAUSE O	F DEATH (Enter or	nly one cause p	per line for (a), (b), a	and Icil		/		APPRO) BETWEEN	ONSET AN
	PART I, D	EATH WAS CAUSE	ED BY. TE CAUSE (0)_	Carchi	Ovasa	was faile	we (perio	perahu	R) IY	wur
		DAMEDIA		10.00						
	6 11:		DUE TO,	OR AS A CONSEO	Cardi	in linear	016		100	
		if any, which	(d)	11140	HUILLI	a when	( ) ( /			
		to immediate				To Ca Can				-
	couse (o),	to immediate stating the	DUE TO,	OR AS A CONSEO	UENCE OF					
			DUE TO,		UENCE OF		N DZ.			
	couse (o), underlying	stoting the	(c)_	OR AS A CONSEO	OUENCE OF		u Dz.	DITION GIV	VEN IN PART 1	o
NOI	couse (o), underlying	stoting the	(c)_	OR AS A CONSEO	OUENCE OF	rutic Hea	u Dz.	NDITION GIV	VEN IN PART 1	O
CATION	couse (o), underlying PART 2 OTH	stoting the	CONDITIONS	OR AS A CONSEO ATNO CONTRIBUTING TO	DUENCE OF DO DEATH BUT	rutic Hea	u Dz.	20b. 1F YE	S, WERE FINDI	NGS USE
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ERTIFICATION	PART 2 OTH	stoting the cause last	CONDITIONS	OR AS A CONSEO ATNO CONTRIBUTING TO	DUENCE OF DO DEATH BUT	NOT RELATED TO THE TERM ON WAS PERFORMED HEALT DZ.	VINAL DISEASE OR CON    200 AUTOPSY?   YES   NO	20b. IF YE IN CERTII	S, WERE FINDI FYING CAUSE: ES	NGS USE S OF DEA
AL CERTIFICATION	PART 2 OTH  19a DATE OF  21a. ACCIDENT OR CONTRIBUT	stoting the couse lost  IER SIGNIFICANT (  OPERATION  SAS UNDERLYING ING CAUSE OF DE.	CONDITIONS	OR AS A CONSEO ATTHEM CONTRIBUTING TO NOTICE SOLVEN OF INJURY A.M. MONTH	DUENCE OF  DEATH BUT  CH OPERATIO	NOT RELATED TO THE TERM	INAL DISEASE OR CON  200 AUTOPSY?  YES   NO	20b. IF YE IN CERTII	S, WERE FINDI FYING CAUSE: ES	NGS USE
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	e e	he en	-
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	Ť	Oul th	IMPORTANT: If Hem 21 is marked at Item 18 shows any injury, or other troumatic event, the medical examiner must be notified of once.
	TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 haurs after death. Page 4 frequired by the hospital or otherding physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral director. P should be distanced for use as the burinitrating permit. The please remove corbonopopers. Pages I and 2 should be filed within 72 hours often with the state Date of Health and Mental Hasiers oriant to bring creation or removal.	₹-

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	,	FOR			DEPARTM		EALTH AND MENTAL HYG	IENE 8 5	4	Û	58
	1 -	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO			7
	1. DE	CEASED NAME	FIRST		MIDDLE		AST		MONTH DAY	YEAR	2b. HOUR
	(TYPE	OR PRINT)	YRO	1		MY	11-25	(	15 18	85	5: 25AM
	3. SE)	DR.	70	4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		NDER I YEAR	IF UNDER 24 HRS
		MALE		C	ALICACTAN	MONTH	DAY YEAR	6	7 MONT	HS DAYS	HOURS MIN.
	7a. Bl	* ALE	OREIGN	76 CITIZEN OF	AUCASIAN WHAT COUNTRY?	8.		9. BALTIMORE CITY O	R COUNTY OF	DEATH	
4		COUNTRY		US	A		DE NEVER MARRIED	Baltin	RE	(17	- 40
4	10. CI	MARYLAND ITY OR TOWN OF DEA	ATH	11. NAME OF I	HOSPITAL, NURSIN	G HOME (	DR OTHER INSTITUTION	12a USUAL OCCUPATE	ON I		BUSINESS OR
7	- 1	314.			H FACILITY, GIVE STREET A		U 711	TYPE OF WORK FOR MOST O		NDUSTRY	
6	115114	AL RESIDENCE (IF NURS	ING HOME OF	OTHER INSTITUTION	HOSPITAL		LTIMORE	PHYSICA	420	MEDIO	TINE
K	13a. S	STATE	13b. COU	JTY	13c. CITY OR TOWN	N	134. INSIDE CITY LIMITS?	13e.STREET ADDRESS	1 -		2
~	IA EA	MD ATHER'S NAME		CASON	BA LTO	·	YES NO (1)		Cliff DA	CIVE	41209
~	19. FA	FIRST		MIDDLE	LAST		FIRST	MIDDLE	1	LAST	
-	14. 14	JACOB	ANTILL C. AD	MED CORCECS	MYER 166. SOCIAL SECU		ANNA 17. INFORMANT	ADDRE	, C	LVER	MAH
		VAS DECEASED EVER YES, NO OR UNKNOWN)		E WAR OR DATES)	166. SOCIAL SECU	KIIY NO.	17 INFORMANT	ADDRE		(2121	09)
		YES WWII-ARMY 215-14-8618 MYRA MYERES (WIFE) 5910									& VR
		18 CAUSE OF DEAT PART I. DEATH W	AC CALICE	DOV	line for (a), (b), and					BETWEEN OF	NATE INTERVAL NSET AND DEATH
		TAKTI. DEATH W	IMMEDIA"	TE CAUSE (D)	CARPIOPUL	MONA	Ry ARREST				MIN
				DUE TO, O	R AS A CONSEQUE	NCE OF					
H		Conditions, if ony, which (b) METASTATIC GASTRIC CANCER									42
		gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF								(	,
		underlying cause last. (c)									
		PART 2 OTHER SIGN	VIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	N PART IIo	
	CERTIFICATION	W. T.									
7	CAT	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W IN CERTIFYIN		
-	TE	Ca. 2						YES NO	YES [		NO [
3	CER	21g. ACCIDENT WAS UNI	-	216. TIME C	FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)	
7	AL	OR CONTRIBUTING		(IH	M. MONTH DA	19					
1	MEDICAL	21d INJURY OCCUR		21e. PLACE	OF INJURY		211 LOCATION	CITY OR TO	WN	COUNTY	STATE
	×	WHILE NOT WE	RK	(AT HOME, ST	REET, FACTORY, OFFICE, FA	ARM, ETC )	SIRCET				J
		22a.1 certify that (1)	(this hosp	ital) attended th	e deceased from_	4	15 , 19 75		\$ 19_	85.1	hot (I) (we) lost
		saw the decease	ed olive on	5/1	7 19 19	85.0	nd that in (my) (our) opinion o	death occurred on the d	ate and hour an	d from the c	auses stated
		22b. SIGNATURE	ella Pollo III	it) view the body	offer death.		DEGREE			22c DATE S	IGNED
з		0	7	Cal	W.	/	MD ATTENDING PHYSICIAN	MEDICAL STAI		5	115/00
,		22d. PHYSICIAN'S N	AME (TYPE C	OR PRINT)	1		22e ADDRESS	J DIRECTOR [] 71113R			10/22
		Ann		) C	11/2		SINAI H	LOSPITAL	or K	M Ta	
	22	TRA	V L	Tank CATE	(do Ra	AME OF	1,1	1734 LOCATION	04 6	مراب بر	ww.E
	730 E	BURIAL, CREMATION,	REMOVAL	1	-		EMETERY OR CREMATORY	CITY OR TOWN		YTHUC	STATE
			701	5/20		LIU.	HEBREW CONG C	EM RETSTERS E REC'D. BY REGISTRAR		LTO.	IRE MD
	- 1				& BROS		230. DAT		238. REGISTRAN	don M	ander
	60	10 REISTER	STOWN	RD. BA	LTO,MD 21	215	1817	Y 2 1 1985	7		

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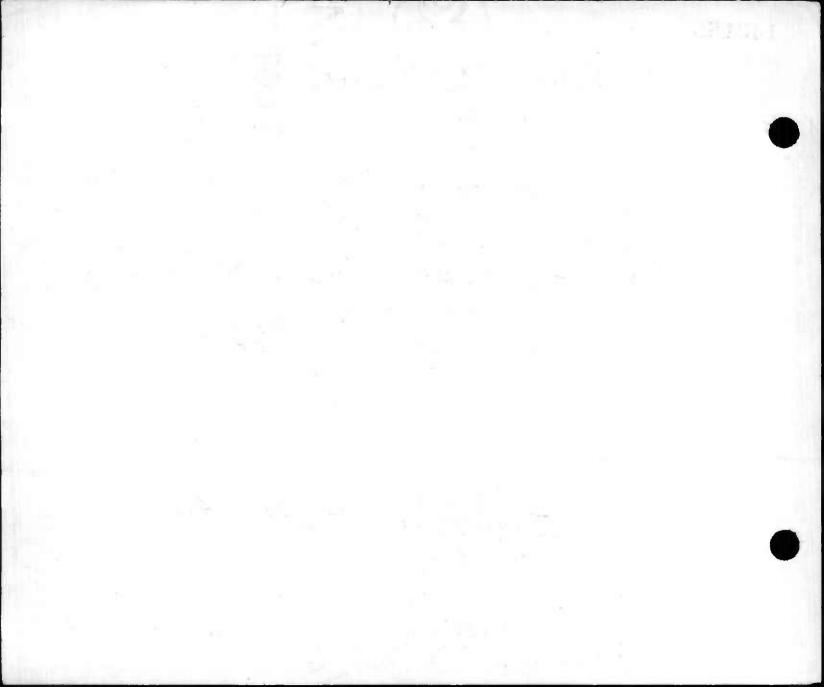
6. 9 2 2 2 2 Commence that the contract the contract of the THE THE RESIDENCE OF THE PARTY LANGE TO THE THE STATE OF THE S Market Land Colors Colored William X 18 1/13 SE 31/19 CAS CAS A LEW DO CONTRACT SHOP FROM THE CONTRACTOR

12	FOR
1 -	STATE
100	REGISTRAR

# STATE OF MARYLAND C DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	ı			STATE OF MARYLAND	100 100 1	ANEO
142155	1.	FOR STATE		OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	IENE & S	4 0 5 7
( , )		REGISTRAR	CE	KIIFICAIE OF DEATH	REG. NO.	
( (; )	1. DE	CEASED NAME A PROL	MIDDLE	LAST .	28. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
* 1	(task)	Helen	M	CORRUT	05/	3 85 5,30 Am
5 80 0	1. SE		PAGE ISI	ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	# UNDER I YEAR # UNDER 74 HRS
4 55	3, SE	9 . [6		MONTH DAY YEAR		MONTHS DAYS HOURS MIN.
A 255	1	Lenell	prace 1	-28.1402	YRS.	
C THE RI	7u. B	THPLACE (NIAN DEFORESA) The	ENTIZEN OF WHAT COUNTRY?	ARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH
1 16 10	0	hed.	U-J-A WI	DOWED DIVORCED	Baltimo	y MD.
20//	DE.C	TY OR TOWN OF DEATH			120 USUAL OCCUPATION	(FE) INDUSTRY
ももがすが	Γ.	city	UF NOT IN SUCH FACILITY, GIVE STREET ADDRE	551 71 -1	(TYPE OF WORK FOR MOST OF WORKING I	Nos A Tax
5 5 5	U5U,		R INSTITUTION GIVE RESIDENCE BEFORE ADMI		- Cuckay	regio
9 3536	130.5	TATE OF THE COUNTY	IN CITY OR TOWN		13e STREET ADDRESS / ZIP COD	1 7 1 2 3
3.4		THEY'S NAME	- Collegane	YES NO	985 Hallin	014 : 212-0
1 10 19//	1	THE S TAME	DIE LAST	FIRST O	WIDDLE	A A LAST
3 15 300	Ľ	Jalph	Marbul	Lekla	Na.	balauskes
Jan Pier		VAR DECEASED EVER IN U.S. ARME	AR CHETATERS	A // 0	ADDRESS	
0 0 0		NO -	212-12-29	24 Self -121	7 M. Tagette.	St. 21223
# 55 d 4		18. CAUSE OF DEATH (Enter only o	one cause per line for (a), (b), and (c).		ď	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the state of the s		PART I. DEATH WAS CAUSED B	Y: Andia			
8 285 8		IMMEDIATE C	DUE TO, OR AS A CONSEQUENCE		atic condiov	ac unles dispaso
4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		workers were read to	Co o Cal	ine Heurt		
e trees		Conditions, if any, which gave rise to immediate	(b) (b) g	my rear	grane	
4 4112	ı	count (a), stating the 1 underlying couse last	DUE TO, OR AS A CONSEQUENCE	OF/	4.	
the second	ı	anderlying coese som	Sen.	le aline	nta	
1 853	-	PART 2 OTHER SIGNIFICANT COL	NDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION GI	IVEN IN PART TO
8 1225	CERTIFICATION					
1 1111	13	19s DATE OF OPERATION	196. CONDITION FOR WHICH OPE	RATION WAS PERFORMED		ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
25 231	I E					ES NO
7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	18	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DAY	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18	PARLI OR PART 2)
34 147	₹	OR CONTRIBUTING CAUSE OF DEATH	P.M.	19		
24 33 1/	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		
在是 生產等等	1	arret [] MOLWHAI []	(AT HOME STREET, FACTORY, OFFICE, FARM I	STREET	CITY OR TOWN	COUNTY STATE
8 . \$ 5 £ }		W. Milas William	Control of the decreed from	723 10 86	1/3	10 A should final last
N 1 8 3 2 2	1	220 I certify that (I) (this hospital sow the deceased alive an	5/13 1985	and that in (my) in the payman	death accurred on the date and ho	, 19 V 3, that (I) (we) last
E # 550 5	ı	abave, (I) (we) (did) (did) ()	iew the bady after death.			
8 4 8 8 5 5	ı	22h SIGNATURE	11	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
A T T T T T T T T T T T T T T T T T T T	ı	Kuly-	you Huy	M.P. PHYSICIAN	DIRECTOR   PHYSICIAN	13/20
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O HOSPITA TO FUNERA TO FUNERA THORIGINA THE SKAT WHOTH THE SKAT	ı	KUANGI-	VEN HUANOT	BON	Deolusa	Ho Spital
5 5 5 5 3 -	23a	BURIAL, CREMATION, REMOVAL	236. DATE 23c NAM	E OF CEMETERY OR CREMATORY	T23d LOCATION	
pp.	10	SPECIFY)	5-17-1985 110	(Padamas)	CHY OR TOWN	COUNTY STATE
ВР	The Park of the Control	INERAL DIRECTOR	Jil 195 Vige	y Cedemer 150 DAT	E REC'D. BY REGISTRAR 25 PREGIS	STEAR'S SIGNASTORE # 00
DHMH - 16 50M 4/83	[ /	PNAM L	Coper My	Sieling & M	V 1 7 1085   Felia	James Signayore date
(VRA 15, 4)	12"	the London of	SA Gre 901	Hallins It 1411	11 2 1 1000 /	



155057		FOR . STATE REGISTRAR		STATE OF EPARTMENT OF HEALT ICAL EXAMINER'S			4060
S NECESSARY - FLASS F FUNERAL DISPERSE E S FOR YOR FREA DO WITHIN 72 HOURS I W. PRESON SHET.	1. DEG (TYP) 3. SEX ma 70. BI FO N	EASED NAME FRST OR PRINT)  4. RACE  1. Le   Black RTHPLACE (STATE OR REIGN COUNTRY)	5. DATE OF BIRTH MONTH DAY 7 28 76. CITIZEN OF WHA U.S	HENRY  YEAR LAST BIRTHDAY)  25 59 YRS.  AT COUNTRY?  A. WIDC.	NAYLOR  JNDER I YR. IF UNDER  NIHS DAYS HOURS  RRIED NEVER MARRI  DWED DIVORCI	20. DATE KNOWN A OF ESTI- DEATH MATED 5 24 HRS. 24. DATE PRONOUNCED DEAD  9 BALTIMORE CITY OF CE ED  Baltimore Ci	ty MI
MD. 21201 HH. IF ANY DELAY IS 1, 2, AND 310 THE M. 3. RETAIN PAGE 2. SHOULD BE FILED ITAL RECORDS, 2011	USUA 13a. S' Ma	altimore  L RESIDENCE (IF IN NURSING HOME ATE   13b. COU  LTYLAND    THER'S NAME FIRST	4521 Mar	LITY, GIVE STREET ADDRESS)  ble Hall Rd.  RESIDENCE BEFORE ADMISSION)  13c. CITY OR TOWN  Baltimore	13d INSIDE (ITY LIMITS? YES \ NO \ \ \ \ NO \ \ \ \ \ \ \ \ \ \ \ \		Hall Road2123
BALTIMORE, S. AFTER DEA' GIVE PAGES ITH FORM P. PAGES I ANI	16a. V	ES	RMED FORCES? YE WAR OR DATES)	aylor   166. SOCIAL SECURITY NO.   243-32-748	Perci	e <sup>ADDRESS</sup> A <sub>I</sub> Nutt 304 East	
201 W. PRESTON ST. UTED WITHIN 24 HOL IN PENCIL IN ITEM 18 EXAMINER ALONG ITEM 18 I.AL - IRANAL IPERMI ON, OR REMOVAL.		Canditions, if ony, whic gove rise to immediat cause (a) stating the <u>unde</u> lying couse last.	ED BY: ATE CAUSE (a) Arte  DUE TO, OR A  (b) DUE TO, OR A  (c)	riosclerotic ( s a consequence of s a consequence of			BETWEEN ONSET AND DEATH
RECORD TO BE EXE PENDING MEDICA MEDICA HEALTH A HEALTH A	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITION		T NOT RELATED TO THE TERMINAL DISE		T I (o).	20 AUTOPSY?  YES \( \text{NO.X} \)
FETIFICATE S FING THE WC ED TO THE C S SHOULD BE PERATMENT PRIOR TO BU	MEDICAL CERT	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE NOT WHILE	DEATH P.M.	MONTH DAY YEAR  19 FINJURY (ATHOME, 211 L	HOW INJURY OCCURRED	O JENER MATURE OF INJURY IN ITEM IS PART	1.2-
EDICAL EXAMINER: THE UTE THE CERTIFICATE, W 4 SHOULD BE FORWA NARAL DIRECTOR: PAC R DEATH, WITH THE STAT MORE, MARYLAND, 212		ACTUAL SIGNATURE	TVI	Accident , Suicide [	TITLE (SPECIFY).  M.D. Assistan	Undetermined manner .	my opinion  DATE SIGNED 5-29-85
P P P P P P P P P P P P P P P P P P P		(TYPE OR PRINT)  IRIAL, CREMATION, REMOVAL  BURIAL		23c. NAME OF CEMETERY Garrison I	OR CREMATORY	23d LOCATION OWINGS Mills	COUNTY Marte

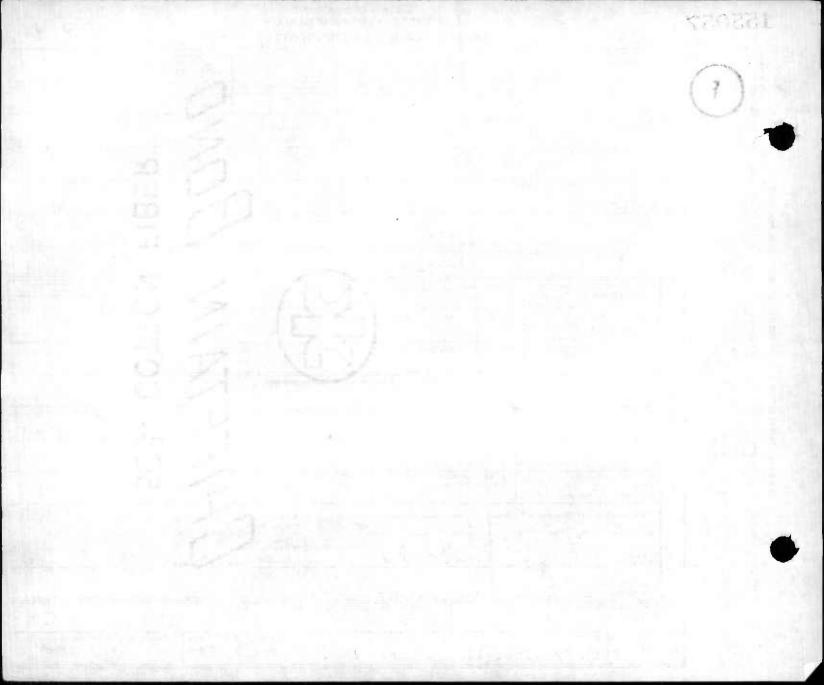
DHMH - 17 (VR A15 ME (5))

24 FUNERAL DIRECTOR

Wm C March F/H Inc. 1101 E North AVe.

Garrison Forest VA

Md. 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE



# 144099 1 1 - FOR REGIS

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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-			 No. of

		REGISTRAR			CEKIII	ICAIE OF DEATH	REG. 1	10.		
		CEASED NAME FIRST	h	AIDDLE	ŧ	A51	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	A V	ebinger Ric	chard	W. N	reb	mger Jr.		5	1985	8 Am
	3. SEX	(	4 RACE		5. DATE C		6 AGE (IN YEARS LAST E	RTHDAY)	MONTHS DAYS	
	1	MALE	IHW	FE	MONTH	0 70	45	YRS		HOURS MIN.
7		RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	NTY OF DEATH	A -1
2	( )	altimore	U	5	WIDOWE		1301	-1 m	ore	CITY MD.
8	M CI	TY OR TOWN OF DEATH		OSPITAL, NURSING	DDBESSE /	or other institution	TO FORM	OF WORKING	G LIFE) INDUSTR'	OF BUSINESS OR
9	DSU/			GIVE RESIDENCE BEFORE	1	· ·				1001 2010
5	13a. S	TATE IST COUN		13c. CITY OR JOWN	4	13d. INSIDE CITY LIMITS?	3500 Dun	/ ZIP CC have	en Rd.	21222
Ş	14 FA	THER'S NAME	MIDDLE	TAST		15 MOTHER'S MAIDEN NAM	ME			ACT
U	N	EBINGERS	RICHA	RD Sr	•	DOROTH			ALB	ERT
5		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADD	RESS		21013
4	11	res, no or unknown) (if yes, giv	E WAR OR DATES)	220 38	5860	Donna Your	ng 4509 C	ount	ryside	Lane
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly ane cause per D BY:						APPRO BETWEEN	DXIMATE INTERVAL N ONSET AND DEATH
			E CAUSE (a)	respir	rate	ory arres	st			
			DUE TO, OI	R AS A CONSEQUE	NCE OF			0		1,
		Canditians, if any, which	( tb)	insullic	conc	y respira	roly mus	de	5 2	mouth:
		gave rise to immediate cause (a), stating the	DUE TO, OF	R AS A CONSEQUE	NCE OF		0 0			
		underlying couse last.	( (c)_	amyo	trop	hic ladera	e scle	050	0 1	year
		PART 2. OTHER SIGNIFICANT	ONDITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	VDITION	GIVEN IN PART 1	10
	O N									
4	CERTIFICATION	190 DATE OF OPERATION	196. CONDI	TION FOR WHICH O	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		YES, WERE FIND	
Z	E						YES NO	IIA CER	YES	NO
3	ER	218. ACCIDENT WAS UNDERLYING	216. TIME O			21c. HOW INJURY OCCURR	RED (ENTER NATURE OF IN.	URY IN ITEM	18 PART I OR PART 2)	
7		OR CONTRIBUTING CAUSE OF DEA	and a second	M. MONTH DA	Y YEAR					
	MEDICAL	21d. INJURY OCCURRED	21e PLACE		19	211. LOCATION				
	M	WHILE NOT WHILE AT WORK	(AT HOME STR	EET, FACTORY, OFFICE, FA	RM ETC )	STREET	CITY OR	OWN	COUNTY	STATE
		22a.1 certify that (1) (this haspi	tal) ottended the	deceased fram	5	-18 ,19 85		9	. 19 85	, that (I) (we) last
		saw the deceased alive an abave, (1) (we) (did) (did no	5-10	19.8	5 , ar	nd that in (my) (aur) apinian o	death accurred on the	dote and I	hour and from th	e couses stated
	-	226 SIGNATURE	ri view ine bady	giter death.		DEGREE			22c. DAT	E SIGNED
		Miles	endo	40	ole)	ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	ICIAN 🔀	5	119185
1	10	228 PHYSICIAN'S NAME (TYPE C				22e ADDRESS	eene St	12	0+	
		VRIESEI	SOOR	.13	No.	UMH SGre	eene of	1000	x i un c	100
		SURIAL, CREMATION, REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION	1	COUNTY	STATE

TO FUNERAL DIRECTOR:

should be detached for use os the bu with the State Dept. of Health and M. IMPORTANT: If Item 21 is morked or

DHMH - 16 50M 4/83 (VRA 15, 4)

Burial 24. FUNERAL DIRECTOR
NAME
CONSELLE

Junal 30 Mace ave

Holly Hill Cem.

Baltimore, Md.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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24.25.58 L/. S			

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

	4	U	6	2

In CITY OR TOWN OF DEATH   11, NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   17th OWNER OWNE	1	- STATE REGISTRAR		CE	RTIFICATE	OF DEATH	REG. NO	Ο.		
S. EXT   S. DATE OF BRITH   S.			٨	MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
18 CHI PART   DAY   PART   DA	,,,,,	mari	y Cath	erine (	nelso.	W		5 4	85	5 FA M
18. BIRTHPLACE   STATE OFFICE OF WAS CONTROL   18. CITIZEN OF WHAT COUNTRY?   18. WAS DEFENDED   11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION   18. CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION   18. CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION   18. CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION   18. CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION   18. CITY OR TOWN OF DEATH   18. CITY OR TOWN OF TOWN O	3. SE	X ,	4 RACE	5. C			6 AGE (IN YEARS LAST BIR			
ABBRITHMACE   STATE OF LOWING   TO COUNTY OF DEATH   COUNTRY   COUNTY OF DEATH   COUNTY OF DEATH   COUNTRY   COUNTY OF DEATH   COUNTRY   COUNTY OF DEATH   COUNTRY   COUNTY OF DEATH   COUNTRY   COUNTY OF DEATH   COUNTRY OF D		Jemale	Bla	ik .	MONTH D	97.	92		NIHS DAYS	HOURS MIN.
METHORNOOF DEATH   111, NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION   178 UND ACCUPATION   178 UND ACCUPA			76 CITIZEN OF	WHAT COUNTRY? 8	V		9. BALTIMORE CITY O		F DEATH	
DUBLIC OF PART I DE ATH ENTER ONly ONE COUNTY OF STREET, AND ENTER I ADDRESS / TOWN ON THE COUNTY OF STREET ADDRESS / ZIP CODE 6035 DUCKETE I MADDLE STREET ADDRESS / ZIP CODE 6035 DUCKETE I STREET ADDR	B	alternace !	USA	T WIE	DOWED	DIVORCED	//-	-		MD.
USUAL RESIDENCE (IF NUTSHEED NO NO STREET ADDRESS / ZIP CODE 6035 Duckett I Maryland 18 CITY OF A SA CONSEQUENCE OF CONDITION GIVE IN PART 1:0  PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  OR CONTRIBUTING CAUSE OF DEATH  PART 3: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  OR CONTRIBUTING CAUSE OF INCAME OR DEATH OR CAUSE OF INJURY HOUR AM. MONTH DAY YEAR P.M.  218. ACCORNI WAS UNDERLYING OR CAUSE OF INJURY HOUR AM. MONTH DAY YEAR AND CONTRIBUTING CAUSE OF INJURY OR CONTRIBUTING CAUSE OF INJURY HOUR AM. MONTH DAY YEAR AND CONTRIBUTING CAUSE OF INJURY OR CONTRIBUTING CAUSE OF INJURY HOUR AM. MONTH DAY YEAR AND CONTRIBUTING CAUSE OF INJURY HOUR AM. MONTH DAY YEAR AND CONTRIBUTING CAUSE OF INJURY HOUR AM. MONTH DAY YEAR AND CONTRIBUTING CAUSE OF INJURY HOUR AM. MONTH DAY YEAR AND CONTRIBUTING CAUSE OF INJURY HOUR AM. MONTH DAY YEAR AND CONTRIBUTION CONTRIBUTING CAUSE OF INJURY HOUR AM. MONTH DAY YEAR AND CONTRIBUTING CAUSE OF INJURY HOUR AM. MONTH DAY YEAR AND CONTRIBUTING CAUSE OF INJURY HOUR AM. MONTH DAY YEAR AND CONTRIBUTING CAUSE OF INJURY HOUR AM. MONTH DAY YEAR AND CONTRIBUTING CAUSE OF INJURY HOUR AM. MONTH DAY YEAR AND CONTRIBUTING COURSE OF INJURY HOUR AM. MONTH DAY YEAR AND CONTRIBUTING COURSE OF INJURY HOUR AM. MONTH DAY YEAR AND CONTRIBUTING COURSE OF INJURY HOUR AM. MONTH DAY YEAR AND COURSE OF INJURY HOUR AM. MONTH DAY YEAR AND COURSE OF INJURY HOUR AM. MONTH DAY YEAR AND COURSE OF INJURY HOUR AM. MONTH DAY YEAR AND COURSE OF INJURY HOUR AM. MONTH DAY YEAR AND COURSE OF INJURY HOUR AM. MONTH DAY YEAR AND COURSE OF INJURY HOUR AM. MONTH DAY YEAR AND COURSE OF INJURY HOUR AM. MONTH DAY YEAR AND COURSE OF INJURY HOUR AM. MONTH DAY YEAR AND COURSE OF INJURY HOUR AND COURSE OF INJURY HOUR AND COURSE OF INJURY HOUR	10 CI	ITY OR TOWN OF DEATH				INSTITUTION				F BUSINESS OR
13 ACCIDENT WAS UNDESTINED.   13 COUNTY   14 COUNTY   15 COUNTY   15 COUNTY   16 COUNTRIBUTING   16 COUNTRIBUTION   16 COUNTRIBUTION   16 COUNTRIBUTING	160	Metmore	Meride	do Gate	10 you	anau	Domestic		Pvt.	Family
Samuel   Mode   Maryland   Mode   Maryland		AL RESIDENCE (IF NURSING HOME)	OR OTHER INSTITUTION			DE CITY LIMITS?	13e STREET ADDRESS	710 CODE 6	035 Du	ickett La
Samuel   Mode   Matilda   Brawner	M									
Samuel  Woolford  Matilda  Brawner  (16 WAS DECEASED EVER IN U.S. ARMED FORCES? (18 WAS OR WAS DECEASED VERNOWN)  (16 YES GIVE WAS OR WAS OR DATES)  (17 YES GIVE WAS OR WAS OR DATES)  (18 CAUSE OF DEATH LETTER Only DIDE COUSE DATES (18 WAS CAUSED BY: DATE OF DAT	14 F#						ME			
18 CAUSE OF DEATH   Enter only one course of long to an including one course of long to an include of long t		-	MIDDLE		1				_	
18 CAUSE OF DEATH (Enter only one couse grafting to a), (b), and (c).)   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE TO     DUE TO, OR AS A CONSEQUENCE OF couse (a), storing the underlying couse lost.   (c)     PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. (c)     PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. (c)     PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. (c)     PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. (c)     PART 4. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. (c)     PART 5. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. (c)     PART 5. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DISEASE OR CONDITION GIVEN IN PART I. (c)     PART 6. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DISEASE OR CONDITION GIVEN IN PART I. (c)     PART 7. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DISEASE OR CONDITION GIVEN IN PART I. (c)     PART 8. OTHER WAS UNDERLYING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. (c)     PART 9. OTHER WAS UNDERLY OR THE	16a V		ARMED FORCES?		NO. 17 INFO			fluctor		
RETIVENCE OF DEATH lenter only one cause parling for all, (b), and (c).)   PART I. DEATH WAS CAUSED BY:	- (1		GIVE WAR OR DATES)	212_22_059	68 Mm	Cidney No				
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DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  LORONACH AND AND INSURASE, POPULATION WAS PERFORMED  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF INJURY  POR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH P.M.  190  210. INJURY OCCURRED  WHILE NOT WHILE OF INJURY  (AT HOME. STREET, FACTORY OFFICE, FARM, ETC.)  211. LOCATION  STREET  212. To DEATH, 19 , though (we) lost sow the deceosed clive as above (1) (we) (did) (fill did) not) view the body diter death.										
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CORONACY AFTER DISCUSSE, POPULATRIA NAUCHA DISCUSSE, CASTALTS, CHF  190 DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY?  100. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO PERMITS OF INJURY IN TEM 18 PART TORPART 21  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  P.M. 19  210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TEM 18 PART TORPART 21)  110. INJURY OCCURRED (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)  211. LOCATION STREET CHITY OFFICE OF INJURY IN TEM 18 PART TORPART 21  COUNTY STATE  2120. I certify that Othis hospital) ottended the deceased from STREET COUNTY STATE  2120. I certify that Othis hospital) ottended the deceased from STREET COUNTY OFFICE, FARM, ETC.)  2120. I certify that Othis hospital) ottended the deceased from STREET COUNTY OFFICE, FARM, ETC.)  2120. I certify that Othis hospital) ottended the deceased from STREET COUNTY OFFICE, FARM, ETC.)  2220. I certify that Othis hospital) ottended the deceased from STREET COUNTY OFFICE, FARM, ETC.)		underlying couse lost	(c)							
OR CONTRIBUTING CAUSE OF DEATH   DOK A.M. MONTH DAT TEAR   19   19   19   19   19   19   19   1								DITION GIVEN	IN PART 10	0
OR CONTRIBUTING CAUSE OF DEATH   DOK A.M. MONTH DAT TEAR   19   19   19   19   19   19   19   1	O	CORONARY A	भारता है।	SUMSE, POR	MATRAL	VABULAR D	ISUMSO, G	45774TT	5, C	HF
OR CONTRIBUTING CAUSE OF DEATH   DOK A.M. MONTH DAT TEAR   19   19   19   19   19   19   19   1	AT	190 DATE OF OPERATION	196. CONDI	TION FOR WHICH OPER	RATION WAS P	ERFORMED	200 AUTOPSY?			
OR CONTRIBUTING CAUSE OF DEATH CORNAL MONTH DAT TEAR  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M. 19  71d. INJURY OCCURRED  11d. INJURY OCCURRED  12le PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)  12le PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)  12le PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)  12le PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)  12le PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)  12le PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)  12le PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)  12le PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)  12le PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)  12le PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)  12le PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)  12le PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)  12le PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)  12le PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)  12le PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)  12le PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)  12le PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)  12le PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)  12le PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)  12le PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)  12le PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)  12le PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)  12le PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)  12le PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)  12le PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)  12le PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)  12le PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)  12le PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)  12le PLACE OF INJURY (AT	IFIC						YES T NOT			
OR CONTRIBUTING CAUSE OF DEATH   DOK A.M. MONTH DAT TEAR   19   19   19   19   19   19   19   1	E	210. ACCIDENT WAS UNDERLYING			21c. HO	W INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART	T OR PART 21	
27a.1 certify that (Dithis haspital) attended the deceased from Feb 2, 19 B2, to DEARTH, 19, that (we) lost sow the deceased alive as 5 165 19, and that in (a) opinion death accurred on the date and hour and from the causes stated above (Diwe) (did) (did noit view the body after death.			EATH		YEAR					
27a.1 certify that (Dithis haspital) attended the deceased from Feb 2, 19 B2, to DEATH, 19, that (we) lost sow the deceased alive as 5/165, 19, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above (D(we) (did) (pid noit) view the body after death.	)C					TATION				
220.1 certify that (Dithis haspital) attended the deceased from	ME						CITY OR TO	WN	COUNTY	STATE
sow the deceased alive a feed of the section of the		AT WORK			1506	2 01	D.	1-1		
obove (i) (we) (did) (fid not) view the body ofter death.			2/1	100		, 19		19		-
22h CICNIA TUDE		obove (1) (we) (did) (nid)			, and that in	my (our) opinion d	leath accurred on the do	ote and hour o	nd from the	couses stated
The DAILS OF THE D		22b. SIGNATURE	2./2		DEGREE	A775.104.0	Const.		22c. DATE	SIGNED
attending Medical Staff PHYSICIAN DIRECTOR PHYSICIAN STAFF		alli &	. Kullin	五/	us	PHYSICIAN P			5/	7/85
27d PHYSICIAN'S NAME (IMPEORPRINT)  27e ADDRESS  27e ADDRESS  12nd ANS HOLLOW AN Sud 702 267 79						THE PARTY L	J DINECTOR   TITISIC	IAI1		/

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

should be detached for use as with the State Dept. of Health IMPORTANT: If them 21 is mort FUNERAL DIRECTOR:

and Mental Hygiene prior to burial, cremation,

or them 18 shows any

23a BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE Burial 5/8/1985

23c NAME OF CEMETERY OR CREMATORY St. Augustine Cemetery

23d LOCATION

Howard Co., Md.

24 Nuitemas of ons 2501 Gwynns Falls Parkway Funeral Home, Inc. Baltimore, Maryland 21216

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6235 herettene 213-12-058on Mr. uteney Nelson Elector, Bryland 21220

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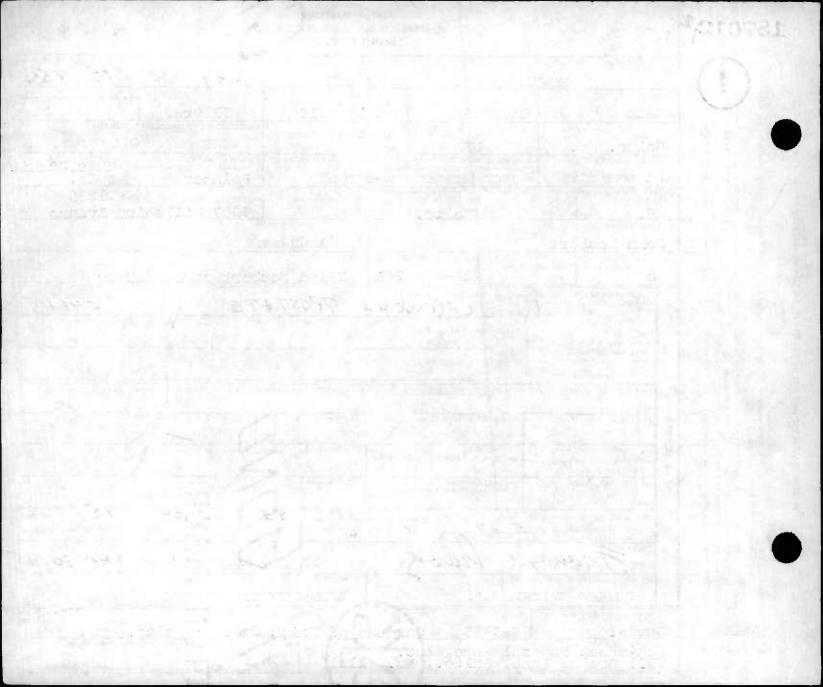
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BP. DHMH - 16 60M (VRA 15, 4)

54006	1-	Im Good Item 6 FOR (7/2/85 rja REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH	5 1 4 0 6 3 REG. NO.
ns /		DASED NAME FIRST		EATH MONTH DAY YEAR 76 HOUR
Land		VIRG		
1 1	1.50		MONTH DAY YEAR	RS LAST BIRTHDAY)  IF UNDER 1 YEAR IF UNDER 24 HRS  MONTHS DAYS HOURS MIN.
( A		- EMale		5 56 YRS
1133	Mi	ATHPLACE (STATE OR FOREIGN OUNTRY)	U.S.A. WIDOWED DIVORCED X BALTI	MORE CITY MD.
led will	В	Y OR TOWN OF DEATH  ALTIMORE	JOHNS HOPKINS HOSPITAL	OR MOST OF WORKING LIFE! INDUSTRY
ould be	13a. S	RESIDENCE (IF NURSING HOME OF TATE 136 COU	NTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ALL BALTIMORE 13D NO 1503	DDRESS / ZIP CODE 21213 N. Patterson Park Av
100	14. FA	THER'S NAME William	Moore, Sr. Is. MOTHER'S MAIDEN NAME FREST The I ma	Jackson
medice	160 W	AS DECEASED EVER IN U.S. AI	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 220-22-6325 Ernest Moore 272	6 Edmondson Avenue
physicio npopers move		PART I. DEATH WAS CAUS	nly one couse per line for (a), (b), and (c).  ID BY:  TE CAUSE (a) PES PLRACRY ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  U
or the diagram		Canditians, if any, which	DUE TO, OR AS A CONSEQUENCE OF EDEMA	1 week
10 mm		gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF  (c) ADENOCARCINOMA OF LUNG / BRAIN M	CTASTASES 17 madas
Then plant to buri	NO		CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE.	DR CONDITION GIVEN IN PART 11a
trpermit ene prio ows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOP	Y20L IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO
intol Hyg		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		RE OF INJURY IN ITEM 18 PART   OR PART 2)
s the bur h and Me rked or h	MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN COUNTY STATE
for use of Heatt			ath otherwise the bady after death.	on the date and hour and fram the couses stated
on the State Dept.		226 SIGNATURE CULARILLE	DEGREE  ATTENDING MEDICAL PHYSICIAN DIRECTOR	STAFF STAFF STAFF STAFF
		C.W. HE	UDRIX GOON, WOLFE ST, I	PARTIMORE, MD
	23a B BUI	urial, cremation, removal <b>EFAL</b>	6/1/85   King Memorial Park Rand	allstown, Md.
H - 16 60M 7/84		NERAL DIRECTOR  O CME March F/1	H, Inc. 110 Tess E North Ave NATE OF THE MAY 29 I	SISTEAR 256. REGISTRAR'S SIGNATURE

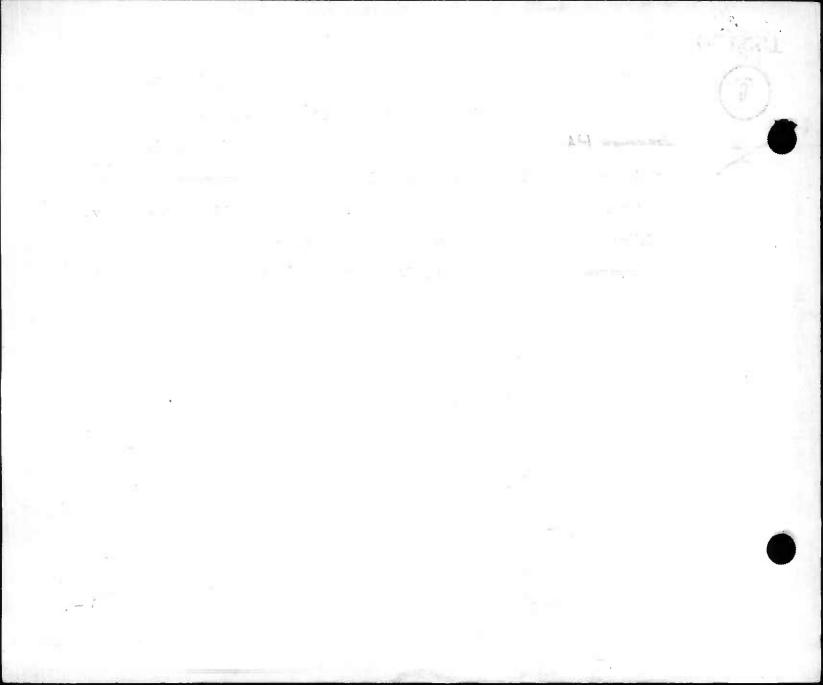
STATE OF MARYLAND

157012	FOR 1 - STATE REGISTRAR		STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 1 4 0 6 4  CERTIFICATE OF DEATH  REG. NO.					
	1. DE	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DE	20.11001		
1 (24)	(TYPI	OR PRINT)	THC D	MELIDEDE	MAY 30	1985 855m		
6 (84)	3. SE	CHAR	LES R.	NEUBERT  15. DATE OF BIRTH		FUNDER I YEAR IF UNDER 24 HRS		
geecto		Male	Caucasian	2-17-1914 YEAR	71 yrs. YRS	ONTHS DAYS HOURS MIN.		
Pod in Pod	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH			
Seath Seath		Balto. Md.	USA	WIDOWED DIVORCED	BALTIMORE C	ity MD.		
the fundamental distribution of the fundamental distribution o		ITY OR TOWN OF DEATH LTIMORE CITY	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE UNION MEMORIA		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Painter			
2 6 9	USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)		21206		
24 Sulle		STATE 136 COUR	Balto.	YES XX NO	13e STREET ADDRESS / ZIP CODE 4907 Willshin			
ampletely in and 2 sh	00.0	Tohn Neubert	MIDDLE LAST	15. MOTHER'S MAIDEN NO. FIRST Unknov	MIDDLE	LAST		
corr		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC		ADDRESS	-		
e law requires that the death certificate be execun.  has been signed by the attending physician and consequent. Then please remove carbompapers. Pages in the priar to burial, cremation, or removal.  we any injury, or other traumatic event, the medical		YES, NO OR UNKNOWN) (IF YES, GIV	220-09-	1766 Holon No	ubert same addi	2202		
					ubert same addr	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		PART I. DEATH WAS CAUSE	nly one cause per fine for (a), (b), o ED BY: TE CAUSE (a) CARCIA	Nems PROSTA	478	5 4EARS		
	CERTIFICATION	Conditions, if any, which gave rise to immediate cause tol, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUENCE (b)  DUE TO, OR AS A CONSEQUENCE (c)  CONDITIONS CONTRIBUTING TO		MINAL DISEASE OR CONDITION GIVE	N IN PART 11a		
		19a DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NOTA YES	WERE FINDINGS USED ING CAUSES OF DEATH?		
SICIAN: The long physician. certificate has mail-transit per ental Hygiene I from 18 shows.		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAI	RT I OR PART 2)		
G PHY of the burner of the bur	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211. LOCATION	CITY OR TOWN	COUNTY STATE		
TTENDING pital ar o TOR: Afre for use as af Health		sow the deceased alive an	ital) attended the deceased from  5-2-9  19  19) view the body after death.	0-3	4. to 5-30 , 1 a death occurred on the date and hour	9		
TAL OR A yy the has RAI DIREC detached tate Dept. VT: If them		27b. SIGNATURE	of funos		MEDICAL STAFF  ORECTOR   PHYSICIAN	121. DATE SIGNED 1447 30 1585		
HOSPII ined b FUNER old be of the St		FRANCIS CARM		22e ADDRESS UNION MEMO	ORIAL HOSPITAL			
5 6 5 8 X	23a.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION			
BP	E	Burial		ardens of Faith	dem. Balto.			
DHMH - 16 50M 4/83 (VRA 15, 4)	5	phera director Schamunek Fun 3331 Brehms_L	eral Home, ADJAN ane, Balto.,	IC.	N 3 1985	AR'S SIGNATURE		



	1.	FOR STATE		DEPARTM	MENT OF HEALTH AND MENTAL HYGIENE 8 5 4 0 6					6 5
150150	Ľ.	REGISTRAR				ICATE OF DEATH	REG. NO			
		CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
		NICKEY		JANNE	C	,	May 5			7:20pm
moy offer de	3. SE		4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF U		HOURS MIN.
	_	Female		hite	11	-9-1891	93	YRS.		
10 mg	70. B	RTHPLACE ISTATE OR FOREIGN DUNTRY)		CITIZEN OF WHAT COUNTRY?		NEVER MARRIED	BALTIMORE CITY O	FDEATH		
		TY OR TOWN OF DEATH	- 6-		WIDOWE		Baltimore		181 - 115 - 05	MD.
1050			1. NAME OF HOSPITAL, NURSING  (IF NOT IN SUCH FACILITY, GIVE STREET ADD		DORE SSI		(TYPE OF WORK FOR MOST OF WORKING LIFE)			
ours of file		altimore	The Wesley Ho				Unkolown		Homemaker	
y filled in by should be filed endif	130. 3	Maryland COUN	TY	BALTIM	7	YES 🔣 NO 🗌	13. STREET ADDRESS 2211 W.	Roger	s Ave	212 7
i 25	14. FA	ATHER'S NAME William	NDDLE	LAST		15 MOTHER'S MAIDEN NAM	MIDDLE		LAST	
omple vand	_			Boyer		Saranc	la		bbs	
be execu an and co	4 6	VAS DECEASED EVER IN U.S. ARA VES NO OR UNKNOWN) (16 YES GIVE NO	AED FORCES? WAR OR DATES	220-30-		A Phyllis Fos	TER 2211	ssω, Ro		fre., 2120
equires that the death certificate in signed by the attending physicia. Then places remove carbonpopers to buriol, cremation, or removal injury, at other traumatic event, the		18 CAUSE OF DEATH (Enter onl PART I, DEATH WAS CAUSED	y one cause pe	r line for (a), b, one	(C).1	( )			BETWEEN ON	NATE INTERVAL
			E CAUSE (o)	Car	dia	a Tailer	ζ		de	, 1
			DUE TO, O	R AS A CONFEQUE		G			(-	
		Canditians, if any, which gave rise to immediate	(b)_	Ser	eil.	aneura	•		yea	ns.
		cause (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQUE	NCE OF				,	
	N Q	PART 2 OTHER SIGNIFICANT C	7) -	mentia	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	OITION GIVEN	IN PART I(a)	
ow re	CERTIFICATION	19a DATE OF OPERATION			OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, W	ERE FINDING	GS USED DE DEATH?
The Con.	E						YES NO	YES [		NO 🗌
physicio physicio rificote h il-tronsit fal Hygie m 18 sho		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL	216. TIME C		Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	( OR PART 2)	
HYSICIA Iding pl Ins certif buriol-t Mental or Item	O	(IF EITHER, NOTIFY MEDICAL EXAMINER)	Р	.M.	19					
DING PHY or attendi After this e os the bi olth ond M marked or	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.	211 LOCATION STREET	CITY OR TOW		COUNTY	STATE
Lose A A A A A A A A A A A A A A A A A A A		22a I certify that (1) this bar	d) ottended th	deceosed from 2	- 7	, , ,				ha (I) (Image) lost
Spite CTO A for af 1		obove, (I) was did did not	view the body			d that in (my (am) opinian o	death occurred on the do	ite and hour on		
At Cr. The hor At DIRE		226. SIGNATORE Volume	至.10	Colym	D.	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAF		224 DATES	
TO HOSPITAL (reformed by the TO FUNERAL Eshould be detonwith the Store EliMPORTANT: if		22d PHYSICIAN'S NAME (TYPE OR ROBERT	PRINT)	ZORP M.	D.	27. ADDRESS B	elain Rd.	212	36	
5 5 5 4 3 W	23a §	BURIAL, CREMATION, REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION	(0)	UNTY	STATE
BP	L '	Burial	1_06/0	01/85 Mea	dow l	Branch Cemeter	y Westmins	ter Car	roll (	Co. Md.
DHMH-16 20M	24 F	JNERAL DIRECTOR				25a DATE	REC'D. BY REGISTRAR	256 REGISTRAF	LANGUE A	dendess
(VRA 15, 4) 7/78		Burgee-Henss F	uneral	Home 3631	fall	Ls Road, 212M1	AY 31 1985	1		

STATE OF MARYLAND



# 140141 merch from a may be 3 172 from after death from 3 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificity be executed retained by the haspital ar attending physician.

- 1				STATE OF MARYLAND		
	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	14066
		EASED NAME FIRST	WIDDLE	LAST		NIH DAY YEAR 26 HOUR
		William	L.	NIXON	i	
.3	SEX	4.	RACE	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHD	MONTHS DAYS HOURS MIN.
1	Dir	THPLACE (STATE OR FOREIGN 76	Black CITIZEN OF WHAT COUNTRY?	1 24 23	9 BALTIMORE CITY OR	YRS. COUNTY OF PEATH
5		OUNTRY)	115A	MARRIED NEVER MARRIED M	130/7	c. City MD
4 10	B	Y OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUSTRY
2/10	SUA	L RESIDENCE UF NURSING HOME OR O'	THER INSTITUTION, GIVE RESIDENCE BEFOR	ADMISSION) /N 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / Z	21272
4	EA	HER'S NAME	1 Ba/41E	15 MOTHER'S MAIDEN NA	302 M	Bruce St
0	LFA		DDIE / (AST	FIRST	✓ MIDDLE	D LAST
16	a W	AS DECEASED EVER IN U.S. ARM	ED FORCES? 166. SOCIAL SECT	URITY NO. 17 INFORMANT	ADDRESS	19.455 811
	(4	ES, NO OR UNKNOWN) (IF YES, GIVE V	WAR OR DATES)	9045 Nottie	Pov	VY
-		18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), ar	d (C)	3	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	9	PART I. DEATH WAS CAUSED  IMMEDIATE	BY:	TATIC CAR	CINOMIT	
		Branco	DUE TO, OR AS A CONSEQU	ENCEOFT		
		Canditions, if any, which	( (b) () F	ITE LUNG		
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF	`	
		underlying cause last.	(c)			
	z	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDIT	ION GIVEN IN PART I 10
	CERTIFICATION	19a. DATE OF OPERATION	TISE CONDITION FOR WHICH	OPERATION WAS PERFORMED	20s AUTOPSY? 2	Ob. IF YES, WERE FINDINGS USED
7	FIC	THE DATE OF OPERATION		O. E.W. O. W. O. E.W. O. W. E.D.		N CERTIFYING CAUSES OF DEATH?
	CERT	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY II	
1 2	1	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH D	AY YEAR		
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE.	ARM, ETC)	.1.	0.
		220.1 certify that (1) (this haspita	l) attended the deceased from	2 4 8 , 19 8	5. to 4	5 , 19 85 , that (1) (we) last
		saw the deceased alive an above, (1) (did) (did not)		ond that in (my) (aur) opinion	death accurred on the date	and have and from the causes stated
3		22b. SIGNATURE	20.	DEGREE		220 DATE SIGNED
		Barn	gre /	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	NO 4 15 85
		22d. PHYSICIAN'S NAME	The Later	10 22e ADDRESS BON	SECOURS	1305 PITAL
1		DEKNINEDO 1	, CONTRACT	2000 W. B	attimore	nd. 21223
2	3e B	URIAL, CREMATION, REMOVAL	23h DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
		0	4/19/85	avadise Com	Trappe	TA md
3 2	4. FL	NERAL DIRECTOR	10. 1/h 46RESS	250. DA	A 1 6 1985	REGISTRAR'S SIGNATURE
L	1	day NO	EUN Z	es vou	3 0 1000	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havin after retained by the haspital or attending physician.

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other traumatic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the busial-transit permit. Then please remove carbompapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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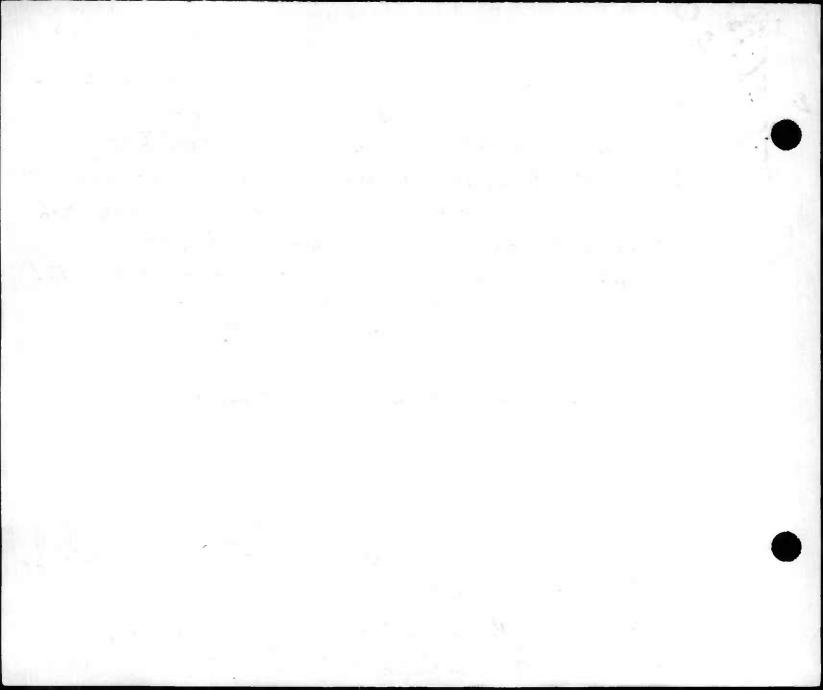
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FOR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			- 2		
3	5	43	U	6	1
	DEG NO				

1		REGISTRAR			CERTIF	ICATE OF DEAT	Н	REG. N	Ο.		
1		EASED NAME PEST	A	MIDOLE	į	AST	2	a DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
ı	11the	RIC HA	RD		Nol	aN			5 1	2 85	12 77
1	1. SEX		4 RACE		5. DATE C			AGE (IN YEARS LAST BIR		# UNDER I YEAR	IF UNIDER 24 HRS HOURS MIN.
ı		$P \setminus .$	NEC	SKO	9	3 9	16	8	YRS.		
4		CTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRI	ED 🗆 '	BALTIMORE CITY O	R COUNTY	OF DEATH	
2		Md.	11.7	· //	WIDOWE			8	IX IG	ie iy	MD.
	Ba	Ho County	Perun	PARKW	AN (	VUISING +		20 USUAL OCCUPATION PROPERTY OF WORK FOR MOST OF			BUSINESS OR
	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COUR		13c. By OR TOW		13d INSIDE CITY LIA YES NO [	AITS?	3. STREET ADDRESS	ZIP, CODE	EREZ	AVE
	14 FA	THER'S NAME	MIDDLE /	LAST		15 MOTHER'S MAIL	DEN NAME	ANDDLE		LAST	
)	/:	richard N	OITIN			mx	PRY	(001	DEL		
		VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	16b SOCIAL SECU	RITY NO.	Stene 20	ickett	1312 W	linde	MERT	. Md
1		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE		line far (a), (b) and	d to t	1.	1	` 0		BETWEEN OF	NATE INTERVAL NSET AND DEATH
1			TE CAUSE (a)	lace	- ac	perk	· ·	in farch			
1			DUE TO, O	R AS A CONSEQUE	NCE OF	()		0			
1		Conditions, if ony, which	(b)							-	
1		cause (a), stating the underlying cause last.	DUE TO, OI	R AS A CONSEQUE	NCE OF						
1			(c)								
1	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO E	AO_	NOT RELATED TO TH	HE TERMIN	TAL DISEASE OR CON	DITION GIVI	EN IN PART 11a	
-	ATIC	190 DATE OF OPERATION	7 4	TION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?		, WERE FINDING	
7	CERTIFICATION							YES NO		YING CAUSES C	DF DEATH?
	EE .	210 ACCIDENT WAS UNDERLYING	21b. TIME O		VEAD.	21c HOW INJURY	OCCURRE	CENTER NATURE OF INJU			
	Ā	OR CONTRIBUTING CAUSE OF DE.	ALIN .	m. Month da m.	19						
	MEDICAL	21d INJURY OCCURRED	21e. PLACE			211 LOCATION	-	CITY OR TO	WN	COUNTY	STATE
	2	AT WORK AT WORK	(AT HOME, STR	EET, FACTORT, OFFICE F	ARM, ETC. J						
		220.1 certify that (I) (this hasp	tal) attended th	e deceased from_		, 19.		_, to			hat (I) (we) last
		saw the deceased alive an abave (I) (we) (did) (did no	t) view the body	after death.			apınian de	ath occurred on the d	ate and have		
		22b. SIGNATURE	1	.00	)- D	DEGREE ATTEN	DING	MEDICAL STA	FF	22L DATES	GNED /
4		119100	1 0	2 10 -1	- 10	, PHYSIC	CIAN D	DIRECTOR   PHYSIC	IAN 🗌	57	1245
		220 PHYSICIAN'S NAME (TYPE OF	OR PRINT)	PATE	Piau	22e. ADDRESS					
		URIAL, CREMATION, REMOVAL	5/16	/85 23c. N	anto	tus men	1. Pb	23d. LOCATION	win	COUNTY/	STATE
	24 FU	INERAL DIRECTOR	, 11	ADORESS	N	+-000	25 MAY	REC'D. BY REGISTRAR			
	500	CKS FUNERAL	TOME	13047	· Cilin	byl at		- 4 1900	112 412	urdson-196	naell.



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within 24 hours ofter

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death o

that

The low

OR ATTENDING PHYSICIAN:

HOSPITAL

attending physician.

the haspital

FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	5	i	4	U	6	-
	REG. NO.					

		REGISTRAR		CERTIFI		REG. N			
1		CEASED NAME BESTEI		N~~	NORRIS		MONTH D		2b. HOUR
		150	Isie /Ve	111	3		05 0	5 03	11:26
U	3. SE	× /	1. RACE	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	IF UNDER 24 HR
	-	temale	Black	MONTH	10 DAY 9 YEAR 22	62	YRS.	DATS	NOURS MI
ė		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
1 John	-	S.C.	USA	WIDOWE		Baltimo	re Ci	tv	٨
Lifted	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		R OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS O
20		Baltimore	University		ital				
of see be		AL RESIDENCE (IF NURSING HOME OF STATE 13b COL	OR OTHER INSTITUTION, GIVE RESIDENCE BÉFORE A JNTY 130. CITY OR TOWN	ADMISSION)	136 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE		
ENO		MD	Baltim	ore	YES NO		leys	lane	21206
S S S S S S S S S S S S S S S S S S S	14. FA	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM FIRST	WE		LAS	ST
ŏ		Edward	Hamilton		Martha	ADDRI		kin	
medico		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRI	33		
E		No	250-36-	2514	Phillip Ri	chardson,	Jr.	1000	Cooks
ŧ		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAUS	only one couse per line for (a), (b), and	licus		-		BETWEEN	MATE INTERVAL ONSET AND DEATH
				1	1		. \		
vs any injury, or othe	FICATION	Couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION	DUE TO, OR AS A CONSEQUE  (c)  (CONDITIONS CONTRIBUTING TO D  196. CONDITION FOR WHICH (	DEATH BUT I	NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDI	NGS USED OF DEATH?
shaws any injury, or othe	ERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT I	NOT RELATED TO THE TERM	20a AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDII	NGS USED
a 18 shaws any injury, ar ather	L CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D  19b. CONDITION FOR WHICH (	DEATH BUT I	NOT RELATED TO THE TERM	20a AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDII	NGS USED OF DEATH?
Item 7		PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHEET CONTRIBUTING CAUSE OF CHEET CAUSE OF CAU	CONDITIONS CONTRIBUTING TO D  196. CONDITION FOR WHICH (  216. TIME OF INJURY HOUR A.M. MONTH DA P.M.	DEATH BUT I	NOT RELATED TO THE TERM  N WAS PERFORMED  21c HOW INJURY OCCURE	20a AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDII	NGS USED OF DEATH?
rked ar Item 18 shaws any injury, ar ather	MEDICAL CERTIFICATION	Underlying cause last.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMINATION OF COURRED)	CONDITIONS CONTRIBUTING TO D  196. CONDITION FOR WHICH (  216. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION  Y YEAR  19	NOT RELATED TO THE TERM	20a AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDII	NGS USED OF DEATH?
Item 7		Underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTHER MEDICAL EXAMINATION OF COURTED)  WHILE AT WORK ALL WORK  22a. I certify that (!) (this has	19b. CONDITION FOR WHICH (  19b. CONDITION FOR WHICH (  19b. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	OPERATION  Y YEAR  19  ARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c HOW INJURY OCCUR!  21l. LOCATION  STREET	20e AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES, IN CERTIFY YES	WERE FINDII ING CAUSES TRI 1 OR PART 2)	NGS USED OF DEATH? NO  STAILE
21 is morked ar Item 1		UNDERLYING COUSE TOST.  PART 2 OTHER SIGNIFICANT  198. DATE OF OPERATION  218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTHER MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE NOTHER NOTHER AT WORK  220. I certify that (I) (this has sow the decembed drive cobove, (I) (we) (did (did))	19b. CONDITION FOR WHICH (  19b. CONDITION FOR WHICH (  19b. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	OPERATION  Y YEAR  19  ARM, ETC 1	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR!  21l. LOCATION  STREET  . 19  d that in (my) (our) apinion in	20e AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES  RT 1 OR PART 2)  COUNTY  9  ond from the	NGS USED OF DEATH? NO STAIL that (I) (we) laccouses stated
Irem 21 is marked ar Irem 1		Underlying cause lost.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHEY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE AT WORK AN WORK  22a.I certify that (I) (this has sow the december of large of large)	(c) CONDITIONS CONTRIBUTING TO D  19b. CONDITION FOR WHICH (  21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	OPERATION  Y YEAR  19  ARM, ETC 1	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR!  21l. LOCATION  STREET  19  d that in (my) (our) apinion of the company of t	20e AUTOPSY?  YES NO CITY OR TO  JOURNAL DISEASE OR CON  ZED (ENTER NATURE OF INJU  CITY OR TO  MEDICAL STA	20b. IF YES, IN CERTIFY YES RY IN ITEM 18 PA	WERE FINDII ING CAUSES TRI 1 OR PART 2)	NGS USED OF DEATH? NO  STATE that (1) (we) locauses stated
Item 21 is marked ar Item 1		UNDERLYING COUSE TOST.  PART 2 OTHER SIGNIFICANT  198. DATE OF OPERATION  218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTHER MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE NOTHER NOTHER AT WORK  220. I certify that (I) (this has sow the decembed drive cobove, (I) (we) (did (did))	(c) CONDITIONS CONTRIBUTING TO D  19b. CONDITION FOR WHICH ( 19b. CONDITION	OPERATION  Y YEAR  19  ARM, ETC 1	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR!  21l. LOCATION  STREET  19  d that in (my) (our) apinion of DEGREE	200 AUTOPSY?  YES NO CITY OR TO  ACCURRED OF THE DECEMBER OF T	20b. IF YES, IN CERTIFY YES RY IN ITEM 18 PA	WERE FINDING CAUSES  RT 1 OR PART 2)  COUNTY  9  ond from the	NGS USED OF DEATH? NO  STATE that (1) (we) locauses stated

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DHMH - 16 50M 4/83 (VRA 15, 4)

1101 North Ave. C. March F/H

1 1985 Harmandson-Non MAI

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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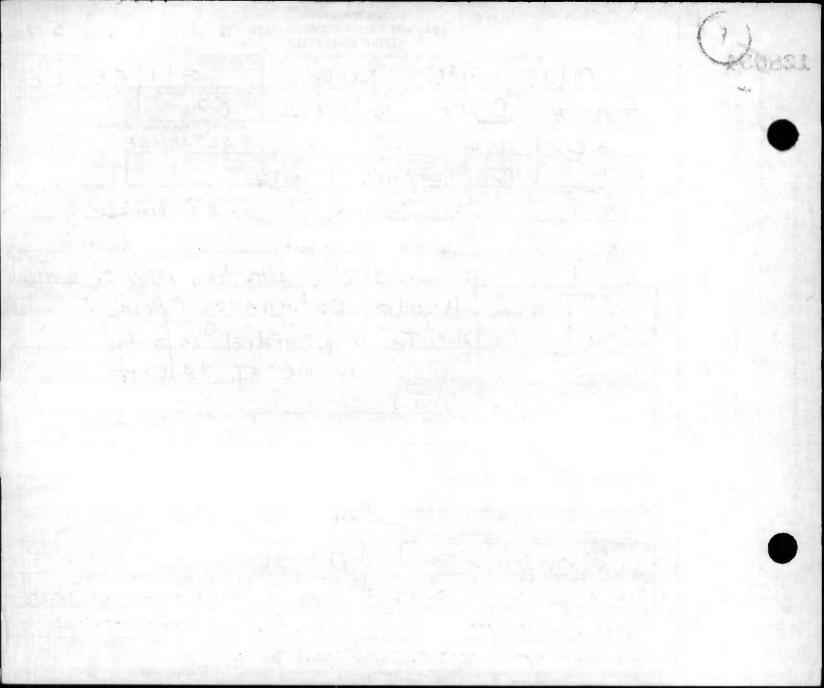
	1-	FOR STATE REGISTRAR			ENT OF HEALTH AND A CERTIFICATE OF D		REG. N	2.	~ 0	0 7
ī		CEASED NAME OR PRINT)	E N	ME	WORRI	ς	DATE OF DEATH	MONTH DAY	35	26. HOURG
	3 SEX	temale	1. RACE BU	tck	S. DATE OF BIRTH	JESP.	AGE (IN YEARS LAST BIR	YRS.		HOURS MIN.
7	C	RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF W		WIDOWED DA	AARRIED U	BALTINORE CITY O	MORE	C	TTY M
4		CITY OR TOWN OF DEATH	(IF NOT IN SUCH!	FACILITY GIVE STREET AD	URS TO		120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O			BUSINESSO
5	13a S	AL RESIDENCE (IT TURSING HOME ITALE		130 CITY OR TOWN	YES X	NO 🗆	3.STREET ADDRESS	ZIP CODE,	aton S	84.
2		Bates	MIDDLE	Norris 66 SOCIAL SECURI	s al	hera	MIDDLE	[	Over	- A
		VAS DECEASED EVER IN U.S. / YES, NO OR UNKNOWN) (IF YES, (	GIVE WAR OR DATES)	220-22-2	2243 Willie	Lit	He John	13309	5. 6	UNXALA  NATE INTERVAL NSET AND DEATH
			SED BY: ATE CAUSE (o)	ASA CONSEQUED	te pu	Imo	nary E	DOM	5	
-1		Conditions, if ony, which gove rise to immediate	(b)	4 Cur	e my	Cura	19/14	Tancsi	n	
	NO		(c)(	AS A CONSEQUENTRIBUTING TO DE	08+ Me.	CAYO	19 19 27 PA NAL DISEASE OR CON	Janesi Lupa DITION GIVEN	IN PART 110	
	TIFICATION	gove rise to immediate couse (o), stating the underlying couse lost.	T CONDITIONS CON	NTRIBUTING TO DE	08+ Me.		VES NO	DITION GIVEN  20b. IF YES, WIN CERTIFYIN YES [	ERE FINDING	
)	ICAL CERTIFICATION	gove rise to immediate couse (o1, stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMI	T CONDITIONS CON  TO SH  19b. CONDITI  19b. CONDITI  HOUR A.M  P.M	NTRIBUTING TO DE  NAS  ION FOR WHICH C  INJURY  MONTH DAY	PERATION WAS PERFO	RMED JURY OCCURRE	20a AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	ERE FINDING	OF DEATH?
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)		gove rise to immediate couse (oi), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF INTERPRETATION  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  27a. I certify that (1) (this hose sow the deceosed olive-obove, ILLIWE) (did) (did)	T CONDITIONS CON  19b. CONDITI  19b. CONDITI  19b. CONDITI  19b. TIME OF HOUR A.M P.M  21c. PLACE OI (AT HOME, STREE	NTRIBUTING TO DE  WAS ON FOR WHICH O  INJURY MONTH DAY  FINJURY 13, FACTORY, OFFICE, FAR  deceosed from 19	YEAR 19 211. HOW IN STREET 211. HOW IN (MALEIC) 211. LOCATIC STREET 21. Ond that in (my)	JURY OCCURRE	200 AUTOPSY?  YES NO D  CENTER NATURE OF INJU	20b. IF YES, W. IN CERTIFYIN YES [ RY IN ITEM 18 PART	COUNTY  COUNTY  And Irom the count of the county of the co	STATE  hot (I) (we) I auses stoted
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DHMH - 16 50M 4/83 (VRA 15, 4)

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retained by the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the build-transit permit. Then please remove corbon papers. Pages, and 2 should be filled within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.



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### STATE OF MARYLAND DEP

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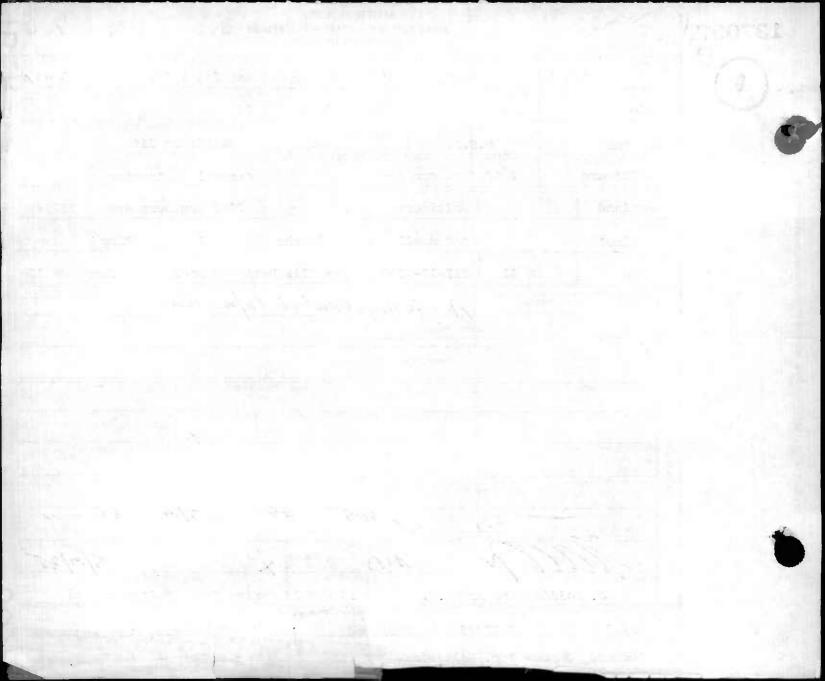
						REG. NO			
	CEASED NAME FIRST	1	MIDDLE	LA	ASI	20. DATE OF DEATH	MONTH DAY	YE AR	2b HOUR
(1AbE	Patric Patric	k	Henry	0,00	onnell Sr	May 14, 19	985		845A
3. SE	Х	4. RACE		A ATE O		6. AGE (IN YEARS LAST BIRT	HDAY) IF U	INDER TYEAR	IF UNDER 24 HRS
1	Male	White		June	21°,1909 YEAR	74	YRS.	THS: DAYS	HOURS MIN.
7a Bi	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIED	X NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
	New York	U.	S.A.	WIDOWE		Baltimo	re City		M
10. CI	Baltimore	11. NAME OF 1	HOSPITAL, NURSIN HEACILITY, GIVE STREET Southern	NG HOME O TADDRESS) 1 AVE	R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF GENERAL CO	WORKING LIFE	INDUSTRY	F BUSINESS OF
13a. S	AL RESIDENCE (IF NURSING HOME O STATE 136 COU Maryland		GIVE RESIDENCE BEFOR 134. CITY OR TOW Baltimo	VN I	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / 2805 Sout	ZIP CODE thern A	ve	21214
14. FA	ATHER'S NAME Timothy	MIDDLE	O'Conne	21	15. MOTHER'S MAIDEN NA.  Blanche	ME MIDDLE $L$	K.	ing LAS	1
	WAS DECEASED EVER IN U.S. AI		16b. SOCIAL SECU	URITY NO.	17 INFORMANT	ADDRE	SS		
(	YES, NO OR UNKNOWN) (IF YES, GI	WW 11	217-12-	6200	Mrs Elizabe	eth O'Conne	11	Same	As 13
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b) DUE TO, OI	R AS A CONSEQU	IENCE OF					
ICATION	gave rise to immediate cause (a), stating the	DUE TO, OI	R AS A CONSEQU	DEATH BUT I	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CONE	20b. IF YES, WIN CERTIFYIN	ERE FINDIN	GS USED
RTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  198 DATE OF OPERATION	DUE TO, OF	R AS A CONSEQUED DITRIBUTING TO	DEATH BUT I	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	ERE FINDING CAUSES	GS USED
CAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	(b) DUE TO, OF (c) CONDITIONS CO	R AS A CONSEQUED DITRIBUTING TO	DEATH BUT I		200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	ERE FINDING CAUSES	IGS USED OF DEATH?
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DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicinity should be detoched for use as the burial-transit permit. Then please remove carban poperaturity the Stote Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

etained by the hospital ar ottending physicion TO HOSPITAL OR ATTENDING PHYSICIAN:



10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after retained by the hospital or attending physician.

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

death. Page 4 may

1 - FOR 1 - STATE REGISTRAR	
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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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SECRITION OF DEATH   11. NAME OF HOSPITAL NURSINGH HOME OR OTHER INSTITUTION   176 USUAL OCCUPATION   176 USUAL	(+)
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230/BURIAL, CREMATION, REMOVAL 1236 DAY 236 NAME OF CEMETERY OR CREMATORY 236 UPDATION	-
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A PONERAL DIRECTOR / 250, DATE REC.D. BY REGISTRAR 25 DREGISTRAR'S SIGNATURE	M

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2	(YES, NO OR UNKNOWN) JIF YES GIV	e war or dates) 260 00	3 6818	Dock G.O'l	Hearn,	Sam	ne	
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	PART I. DEATH WAS CAUSE	E CAUSE (0) HEPAT	ric Fai	LUPE			6	uks
		DUE TO, OR AS A CONSE	QUENCE OF					
	Conditions, if any, which	( BUDD	-CHIAS	4 SYNDROP	NE		6	wks
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE						
1	underlying cause last.	Rena	C FAIL	URE			10	1K
	PART 2. OTHER SIGNIFICANT (	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	TION GIVEN I	IN PART Iro	
N N	Pseudomona	s Prowmone A	Sust	MUNIC CANDA	Demia			
718	190 DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WE		
CERTIFICATION	15/10/85	Budo Chi	iari s	3 morono ny	YES NO	YES [		NO []
7 8		THOUSE A ME MONITH		21 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1	OR PART 2)	
1 4	OR CONTRIBUTING CAUSE OF DEA		DAT TEAK					
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	- 5000	21f LOCATION	CITY OR TOW		COUNTY	STATE
Ž	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	FICE FARM ETC )	ZIMEEL	CITORIOW			STATE
	220 I certify that ( (this haspi	attended the deceased fro	m 5/5	, 19 85		19_	85	that (I) (we) ]
21.15	sow the decoased alive on	ti view he bady after death.	9851.01	nd that in (my) (aur) opinian	death occurred an the dat	e and hour and	d from the c	couses stated
	22b. SIGNATURE			DEGREE	The state of the s		22c DATE	SIGNED ,
	Dain	2 mc taid	den 1	ATTENDING PHYSICIAN	MEDICAL STAFF	MAN	5/	19/x
1	224 PHYSICIAN'S NAME (TYPE O	OR PRINT)		22e ADDRESS				. (0
	DAVIDE	. MCFADDen	( Jud	600 W. LO	olfest 1	Balto	. Md	1 217
736	1. BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION			
230	LORGINI CHEMINITO TO THE MOTHE	200.07710			CITY OR TOWN	r.c	MINITA	STATE

5/21/85

Henry W. Jenkinson Sons Co.

Bethel Cemetery

FOR

- STATE

(TYPE OR PRINT)

REGISTRAR

Removal

DHMH - 16 60M 7/B4

(VRA 15, 4)

EIRST

DECEASED NAME

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

2a DATE OF DEATH

2b. HOUR

12b KIND OF BUSINESS OR

Real Estate

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Lowks

3:00 M

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19

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that (I) (we) lost

Colquitt County,

MAY 2 3 1985

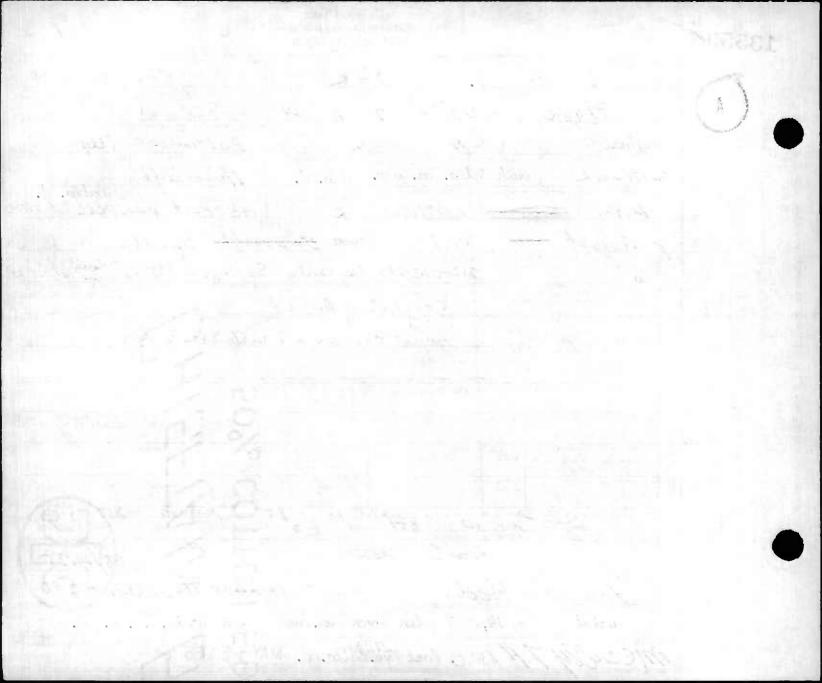
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Mark Market Barrier Ba 1908 (1917) La dest

TOTAL Ceretory Consider County Consider County Office Consider County Co

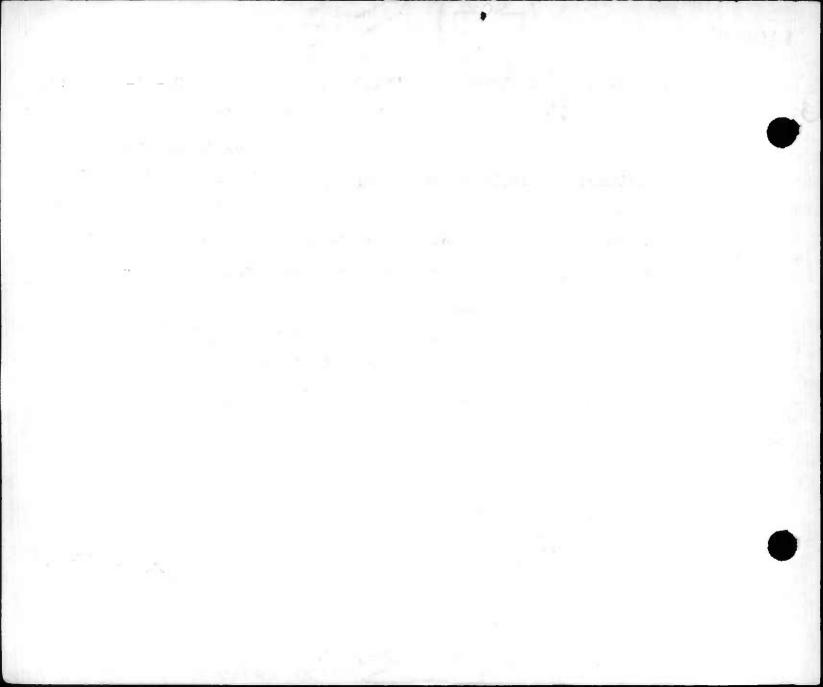
98	1.	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYG  CERTIFICATE OF DEATH	IENE 8 5 1 4 0 7
1		CEASED NAME FIRST OR PRINT) DORIS	MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOL
1)	3 SE	France	RACE CULITE 5. DATE OF BIRTH MONTH DAY YEAR 7 11 04	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS  YRS
Fied of one	M	aryland	CITIZEN OF WHAT COUNTRY?   MARRIED   NEVER MARRIED   WIDOWED   DMORCED	9 BALTIMORE CITY OR COUNTY OF DEATH  Baltimore City  120 USUAL OCCUPATION  125 KIND OF BUSIN
2/5	6	altimore S	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  Balto.
z snavia be	13a. S	TATE 136. COUNTY		143. East RANDELL S
ex of the second		AUSUST		ADDRESS ADDRESS
emoval.	· ·	(IF YES, GIVE W 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I	one cause per line far (a), (b), and (c)	Springer 143. East Roude  Market Market M. APPROXIMATE INTERPROXIMATE INTERPROXIM
riol, cremation, ar ri ar ather traumatic		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF  (b) Breast Consumbura C  DUE TO, OR AS A CONSEQUENCE OF  (c) OR AS A CONSEQUENCE OF CONSTRUCTION OF THE TERM OF THE TE	
ony inju	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA
ental Hygiene litem 18 shaws		71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	LIGHT AND MONTH ON MEAN	YES NO YES NO [
h and Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY
of for users		22a.l certify that (I) this haspital sow the deceased alive on above, (I) (we) (did) (did not) v	/.0 0-1	death occurred on the dote and hour and from the causes st
U CL (i)		III. SIGNATURE	No Hool MID- ATTENDING PHYSICIAN I	MEDICAL STAFF DIRECTOR PHYSICIAN 5/10/8
with the State Del	-	224 PHYSICIAN'S NAME (TYPE OR P		DIRECTOR PRINCIPAL

DHMH - 16 50M 4/83 (VRA 15, 4) 24 FUNERAL DIRECTOR



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

0006	9	1 -	FOR STATE REGISTRAR	•	DEPARTM	ENT OF H	ALTH AND MEN CATE OF DEA	NTAL HYGI	ENE 3 5	10.	4	0 7	6.4
. 64			CEASED NAME FIRST OR PRINT)	MIDD	LE	LA	51		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	A
ay be				LIZABETE		IAM!			6 AGE (IN YEARS LAST BI	05-11	-85	9:15	M
tor. p		3. SE	Female	4. RACE White		5. DATE O MONTH	DAY 6	YE AR	85	YRS	MONTHS DAY		AIN.
10 th	35	₹a. B1	RTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76 CITIZEN OF WH.		MARRIED WIDOWEI	NEVER MAR		Baltimore city				MD.
4 10	5	_	TY OR TOWN OF DEATH		CILITY, GIVE STREET A	G HOME O	R OTHER INSTITU		12g USUAL OCCUPAT (TYPE OF WORK FOR MOST Telephone	TION OF WORKING LIE		OF BUSINESS	
4 hours led in by ld be fill	25	USU	altimore AL RESIDENCE (IF NURSING HOME C ITATE 13b. COL	Belair C PROTHER INSTITUTION GIVE INTY 130	residence Before CITY OR TOWN Balto.	ADMISSION)	13d. INSIDE CITY	LIMITS?	13e SIREET ADDRESS 6004 Car		_1	2121	—— Л
The state of		14 E A	Md.		Barto.		YES NOTHER'S MA			CEL AV	е.	2121	-1
B ) 13			ubert	M.	Smith		Anna		M.		Ste:	LAST LN	3
1 21	dico/	16a V	VAS DECEASED EVER IN U.S. A (IF YES. G		SOCIAL SECUI		17. INFORMANT		ADDR			- 412	
# 6 t	£ / .		No		218-18-2	197	Mr. Ch	narles	E. O'Mall	ey S	ame as		
theate physic opage emosal	t in a		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly ane cause per live ED BY: ATE CAUSE (o)	Tary, the no	2/1	70	AR	RESP		BETWEE	OXIMATE INTERVAL IN ONSET AND DEA	ATH
but the departh ce by the attending ass remove corbo c, cremation, or n	other traumation		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF PAHCURE							1		
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has has per ene	duo smoi	CERTIFICATION	IN DATE OF OPERATION	THE CONDITIO	N FOR WHICH	OPERATION	PERFORM	EB	200 AUTOPSY?  YES NO	IN CERTIF	, WERE FINE YING CAUS S []	DINGS USED ES OF DEATH? NO	Π
	em 18 sh		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M.	MONTH DA	Y YEAR	211 HOW INJUR	RY OCCURRI	ED (ENTER NATURE OF INJ	IURY IN ITEM 18 P	ART : OR PART 2	1	
G PHYS	ked or It	MEDICAL	21d INJURY OCCURRED  WHILE NOT HE	21e PLACE OF	INJURY FACTORY, OFFICE FA	ARM ETC )	21f LOCATION STREET		( ITY OR T	OWN	COUNTY	IAI	E
ATTENDIN spital ar CTOR: Aft of Health	n 21 is mar		220 I certify that I the hours saw the become alive above (I level (did)) [5]		eceased from 19 11 death.		d that in (my) lou	19 ir) opinian d	, ta ta an the c	date and hav		. that (I) (we) he cayAes state	last
y the horal DIRE	 ∓ 		The SIGNATURE ZAK	un			PHY	ENDING (SICIAN []	MEDICAL STA		5/	11/8	-
D HOSPI	APORTA		THE PHYSICIAN'S NAME (THE	Children's			22e ADDRESS				/		
BP	<u> </u>		SURIAL, CREMATION, REMOVA SPECIFY)  Removal	23b DATE 5/11/8	1	AME OF C	EMETERY OR CREA	MATORY	234 LOCATION CITY OR TOWN		COUNTY	· STATE	
DHMH - 16 50M 4/ (VRA 15, 4)	′B3	24 FU	NERAL DIRECTOR  Anatomy E	Board	ADDRESS	Balto	o., Md.	25a. DATE	REC'D. BY REGISTRA	R 25b. REGIST	RAR'S SIGN	ATURE	
						91	, N					, .	



4001 Ritchie Hwy.

Baltimore Md. 21225

STATE OF MARYLAND

CERTIFICATE OF DEATH

DHMH - 16 50M 4/83

(VRA 15, 4)

144039

FOR

24 FUNERAL DIRECTOR

George J. Gonce

- STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO MONTH YEAR 26 HOUR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13e.STREET ADDRESS / ZIP CODE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO F COUNTY STATE and that in (my (aur) apinian death occurred an the date and haur and from the couses stated Glen Burnie 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

MARKET T CONE. T THE E IN EL. MAN Temple Wice 7 21 13 72 11 MD (15 4) 1947 1947 9 Cats THEAT WAS ASSETTED TO SEE THE SECOND MARIE BRIGHTING STEELS OF MERCAGE AR Anthur Transla A R. L. Transla 18 CHOUSE HELDE SHAFF 28 87 A HINGHIN SEE

10098	1	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG		<b>5</b> EG. NO.	1 4	0 7 6
		CEASED NAME FIRST		WIDDLE		Neil Jr.	26. DATE OF DEA	13/45	DAY YEAR	26 HOUR 9:01A
rector to		MALE		nex	S. DATE C	DAY YEAR	6 AGE (IN YEARS)	YRS	MONTHS DAYS	HOURS MIN.
on one of one.	N	IRTHPLACE (STATE OR FOREIGN COUNTRY)  Carolina	US		WIDOWE		BALTIMORE C	- Cin	1	MD.
by the f		Baltimore	(IF NOT IN SI	y Hospita	ADDRESS)	r other institution	12d USUAL OCC (TYPE OF WORK FOR Coaster	MOST OF WORKING LI	11 11 11 11 11 11 11 11	nential
in 24 hou ly filled in should be		AL RESIDENCE (IF NURSING YOU STATE 136 CI Maryland	ME OR OTHER INSTITUTION	13c CITY OR TOW Baltimo		13d INSIDE CITY LIMITS? YES X NO	Ave. Bal	ess / zip cod	2715 W. Md. 2	Fairmou
ompletely and 2 s		ATHER'S NAME FIRST Richard	MIDDLE	O'Neil		15 MOTHER'S MAIDEN NA FIRST Elsie	MIE	DIE	Whi.	te
n ond c Pages		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (1F YE:	ARMED FORCES? S. GIVE WAR OR DATES)	166 SOCIAL SECU 240-22-3		Ms. Brenda L			. Fairmore, Md	ount Ave. 21223
rtificate b physicio onpapers emovol.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er anly one cause pe USED BY: DIATE CAUSE (a)_	000-		020.885			BETWEEN	MATE INTERVAL ONSET AND DEATH
ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or attending physicion.  After this certificate has been signed by the ottending physicion and campletely filled in by ost the buriol-transit permit. Then please remove carbonappers: Pages, Tand 2 should be file th and Mental Hygiene prior to buriol, cremation, ar removal.  orked or Item 18 shows any injury, or other troumatic event, the medical examine must be face.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO	DR AS A CONSEQUE	ria					
equires in signed Then pla r to buris	NO	PART 2 OTHER SIGNIFICAL	NT CONDITIONS O	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION GIV	VEN IN PART 10	a .
he low renon.  has been to permit.  lene prior	CERTIFICATION	190 DATE OF OPERATION	1	V N	OPERATIO	N WAS PERFORMED	200 AUTOPSY	IN CERTI	S, WERE FINDIN FYING CAUSES ES	NGS USED OF DEATH? NO
HYSICIAN: T riding physici nis certificate buriel-transis Mental Hygi or Item 18 sh		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM	F DEATH HOUR		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE O	DF INJURY IN ITEM 18	PART I OR PART 2)	
DING PHYS or ottendin After this c e os the bu olth and M morked or I	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME. S	OF INJURY TREET, FACTORY OFFICE, I	ARM ETC )	211 LOCATION STREET	CIT	ORTOWN	COUNTY	STATE
TTEND pritol po TOR. A for use of Heol				198	2/x	d that in (my) (aur) apinion	death occurred an	the date and had	19 and from the	that (I) (we) last causes stated
A 000 =		DE SIGNATURE	-18	DRC	)	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN	22c. DATE	SIGNED
O HOSPITAL etained by the TO FUNERAL with the Stole MACKANT:		SCOCE STREET	R	cin		22 5. (	SUSEN &	Se	785	
BP		BURIAL, CREMATION, REMO (SPECIFY)	1000000		1	emetery or crematory urn Cemetery	23d LOCATION CITY OR TO Baltin	WN	COUNTY	state
DHMH - 16 60M 7/B4 (VRA 15, 4)		Nutter & Sons neral Home, I	2501	Gwynns Fa	lls P	arkway 25a. DAT	AY 16 E		Tavidson	

STATE OF MARYLAND

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Andrew Service

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Sultance de Lt.1 des rocereter Consum ut.1

Pils . Fulland
Correte RV. - Stiener, RV. - Stiener

Richard V. Blanca Cris. Pris. Pris. Pris. Pris. Pris. V. Pris. Pris. Pris. Pris. V. Pris. Pris. Pris. V. Pris. Pri

SAD-37-3667 Mg. Bronds L. O'Metl aditions, Mr. 218839

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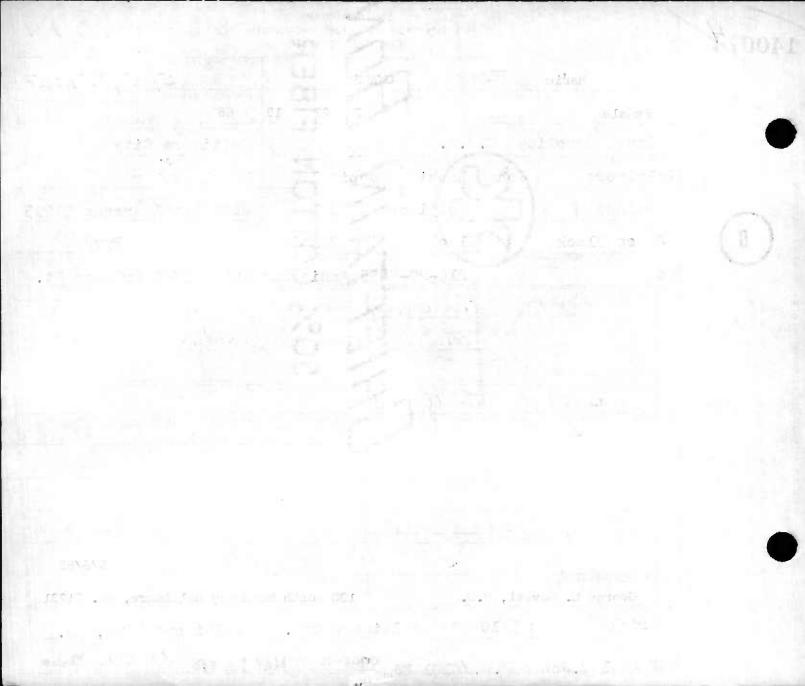
0011		REGISTRAR				CENTIL	ICATE OF DEATH	REG. NO.		
16		CEASED NAME FOR PRINT)	FIRST		MIDDLE		AST	20 DATE OF DEATH M	ONTH DAY YEA	AR 2b HOUR
ry be			arie	Bla	lek	OWE			5/5/8	5 11:35PM
1 2 4	3. SE	Female		RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTH	MONTHS D	YEAR IF UNDER 24 HRS
Poge direct	7a. B	RTHPLACE (STATE OR FI	OREIGN 7h	legro	WHAT COUNTRY?	8		9 BALTIMORE CITY OR	COUNTY OF DEAT	H
1 22 67 7		South Ca			S.A.	MARRIE	NEVER MARRIED DIVORCED	Baltimor		MC
by the filed with	Baltimore  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  JOHNS HOPKINS HOSPITAL  120 USUAL OCCUPATION (1YEE OF WORK FOR MOST OF WORKING LIV HOTEL WORKED  HOTEL WORKED								WORKING LIFET INDUS	ND OF BUSINESS OR TRY
lled in	130. 3	at residence (if Nursi state ryland	NG HOME OR O		Baltin	'N	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / 2622 Ber	zip code yl Avenu	ae 21205
0)300		ands	e E MI	DDLE	Black	15	Famie	WIDDLE	Byr	
Poge		WAS DECEASED EVER YES, NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	216-20		5 Annie Ma	e Suber 17	09 Orlea	
or paper on paper emoval event, th		PART I. DEATH W.	IEnter only AS CAUSED IMMEDIATE	BY:	fine for (a), (b), on Severe	Con	estive heart	failme	BETW 3	PROXIMATE INTERVAL VEEN ONSET AND DEATH
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equires that in agned by Then please or to buriol, or injury, or oth	NOI	PART 2 OTHER SIGN	alicanto	/	ontributing to	FASH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR COND	TION GIVEN IN PAR	T la
hor ber	CERTIFICATION	190 DATE OF OPERAT	NON	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES NO P	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	
riol-trons entol Hyg Item 18 sh		210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTICY MEDIC	AUSE OF DEATH	21b. TIME O HOUR A. P.	M. MONTH D	AY YEAR	2)c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I ORPART	(2)
fter this as the bu h and M orked or	MEDICAL	21d INJURY OCCURR  WHILE NOT WHI AT WORK AT WOR	LE T	21e. PLACE	OF INJURY SEET, EACTORY, OFFICE, I	ARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COUNTY	Y STATE
CTOR: A for use of Health		22a I certify that (!) saw the decease obave, (!) (we) (d	d alive an_	15-	3 19	85, or	nd that in (my) (aur) apinion	, to death occurred an the date	e and have and fram	the causes stated
Y the no.		22b. SIGNATURE	N	un	15	1	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR   PHYSICIA		ATE SIGNED
ould be in the St.		George	-		D.	1	100 North B	road way Balt	imore, Md	. 21231
D = F + 3 ₹	23n F	SURIAL CREMATION I	DE MOVAL	22h DATE	23, 1	JAME OF C	EMETERY OR CREMATORY			

230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Burial 5/10/85 Baltimore Baltimore Cem. 24 FUNERAL DIRECTOR mondson Marshall

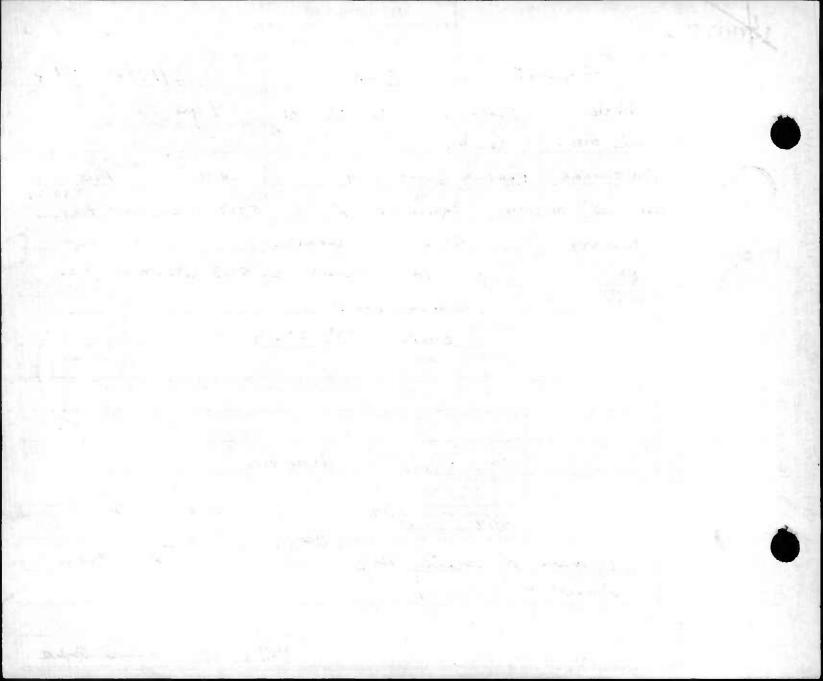
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH - 16 60M 7/84

(VRA 15, 4)



	14	00	יביון	1.	FOR STATE		DEPART	TMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG	GIENE 8 5	1 4	078
	1.3	100			REGISTRAR				ICATE OF DEATH	REG. N	0.	
-1	e Pe	death			CEASED NAME FIRST SUMM		MIDDLE .	07	AST A	2a. DATE OF DEATH	-14.1-	YEAR 26. HOUR 5 248 P M
ER	4 may	ofter d	i e	3. SE)		1. RACE	0	S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR	MONTHS	R I YEAR IF UNDER 24 HRS DAYS HOURS MIN.
I	h. Page	of direct	200		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	DO NEVER MARRIED S	9 BALTIMORE CUY	OR COUNTY OF DEA	ATH I
*	r dear	funer ithin 7	22	10 CI	TY OR TOWN OF DEATH		S A HOSPITAL, NURSI	WIDOWE	DIVORCED DIVORCED	Baltimore		MD. KIND OF BUSINESS OR
Q .	1	N	rougeo	<	BALTIMORE		HEACILITY, GIVE STREE		C4	CHILD	OF WORKING LIFE) INDI	USTRY Name
BALTIMORE, MARYLAND 21201	177	De al	36	13a. S	AL RESIDENCE (IF NURSING DOME OF	ROTHER INSTITUTION	13c. CITY OR TO	RE ADMISSION)	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS		21239
SYLAP RYLAP	-	2	niner		THER'S NAME	WIDDLE	LAST	moret	15. MOTHER'S MAIDEN NA.		en Kirk	LAST
MA		ond	exo		Ramesh		020		Urmila		Par	1 dya
MORE	4		medical		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIT	RMED FORCES? VE WAR OR DATES)	16b. SOCIAL SEC		Ramesh Oza	ADDR		RA
SALM	ote be	Sir.	, The r		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per						APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
75.	ertific	ng phy ponpo	9			TE CAUSE (o)	CARD	IAC A	RREST			
STON S	deoth	re carl	o do do		Conditions, if ony, which	DUE TO, OI	R AS A CONSEQUE		N80°6 3°+	40		
250	the	remore	ner fro		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OI	R AS A CONSEQU					
	ع چ	please uriol, c	, ar or		PART 2. OTHER SIGNIFICANT	(c)	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	UNIAL DISEASE OF CON	DITION GIVEN IN P	PART I/o
Sã à	3	Then Tren	Golui	NO.		201101110110	2441110410	Z DEATH BOT	NOT RELATED TO THE TERM	WAL DISEASE ON CON	DITION GIVEN IN 1	ARTHO
ON	) o o o	os bermit	9	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?		AUSES OF DEATH?
AND		ronsit p	Superior	CERTI	210. ACCIDENT WAS UNDERLYING		FINJURY		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	YES THE TEM IS PART I OR P	NO  PART 2}
SE	SICIAR 19 Ph	rial-tr ental t		CAL	OR CONTRIBUTING X CAUSE OF DE.	~ 315 E		DAY YEAR	House F	IRE		
SELEASED ON P DIVISION OF VITAL RECORDS,	PHY	the bu	Ked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY BEET, FACTORY, OFFICE, EMENT	FARM ETC )	STREET 5913 GT	enkirk Rd.	Baltimore	Maryland
Mª.	NOZ	R: Aft use os	oE s		22a.l certify that (I) (this hosp	ital) attended the	e deceased from	5/14		5, to 5/14	19 3	5_, that (I) (we) lu *
	ATTE	of for	2		sow the deceased alive on above, (I) (we) (did) (did no	ot) view the body	ofter death.	85_, or	d that in (my) (sur) opinion	death occurrent on the	te and hour and fro	om the couses stoted
	the h	L DIR	E .		22b. SIGNATURE		110	ny	ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	EE .	S/14/85
	SPITA d by	Should be deto	4 1		22d. PHYSICIAN'S NAME (TYPE C	-	Mace	1	22e ADDRESS	_ DIRECTOR PHYSIC	,IAN (	11.1(0)
	O HOSP	hould with th			WARREN		MALEY					
	BF			23a. B	URIAL, CREMATION, REMOVAL	23b. DATE 5/15/			EMETERY OR CREMATORY LOW Mom. Pk	23d LOCATION CITYOR TOWN Baltii	TOUNTS	Co. MD
	DHMH-	16 30M 2/B0			INERAL DIRECTOR				25a. DAT	E REC'D. BY REGISTRAR	256 REGISTRAR'S S	IGNATURE
	(∨R	A 15, 4)		W	il Nametam C. Ma	rch F/	H 1101	E. N	North Ave MA	Y 1 5 1985	- wantes	son-Aandelle



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(6)/	1 DE		51	MIDDLE						YEAR	h. HOUR
27			Cau.   S.DATE OF BIRTH   S.D	12:30 <sup>P</sup>							
6 6	3. SE				S. DATE C	FBIRTH			BIRTHDAY) IF U		
ge 4	177	Fem.	C	au.	2	<u>1</u> 7	13	72		IIHS DATS	HOURS MIN.
h. roo 2 hou 2 hou					8. MARRIEI	□ NEVER M	ARRIED -	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
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AND 212	40	Md.	DME OR OTHER INSTITUTION					13e STREET ADDRESS	ZIP CODE llshire	e Ave.	21206
within within	14 F/		WIDDLE	LAST						LAST	
	14	Carmelo	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  CERTIFICATE OF DEATH  TO PEG. NO.  MAY 10, 1985  12:30/m  MAY 10, 1985  13:30/m  MAY 10, 1985  13:								
OR CALL SA		YES, NO OR UNKNOWN) (IF Y		100							
BALTIMOR	-					Primo	) A. F	acione 4	512 Pla		
ertification of the state of th		PART I. DEATH WAS C	AUSED BY:	Parale O	ulmin	naser t	Cailus	<b>C</b>		BETWEEN ON	
		IMM				7					
STO		Conditions, if ony, whi								hou	75
not the depth of the by me direction of the depth of the direction of the	4	gave rise to immedio cause (a), stating t	te DUE TO, C	DR AS A CONSEQU	ENCE OF	preum	ania			70	aus
	3	PART 2 OTHER SIGNIFIC	ANT CONDITIONS C					INAL DISEASE OR CO	NDITION GIVEN	IN PART 1:a	7
RECORDS, Iow requir os been sig	TION		//								
2 6 6 4 6 6	TIFICA	5/9/85	Jes COND		Sister	1, mera			IN CERTIFYIN		F DEATH?
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DIV DING or of After e os t nork		AT WORK	harman) attended t	ha dagaaaad fare		4/10	10 87	5/	(U) 10	-f- "	- A. (1). (1) A. (1).
TENE rtol o OR: or uss of Hea	1				on on	d that in (my) (	, , ,	death accurred on the	dote and haur ar		
the hosp the hosp L DIRECT troched the ee Dept o	10	22b. SIGNATURE	and wiew the body	, after death.		DEGREE	TTENDING _	MEDICAL ST	AFF		In the causes stated
HOSPITA bined by FUNERA ould be de th the Stot		226 PHYSICIAN'S NAME	VINCENT	K.H.						usp.	-
Of of S A S A S A S A S A S A S A S A S A S		SURIAL, CREMATION, REMO	OVAL 236. DATE	23€	NAME OF C	METERY OR C	REMATORY			A	
BP		Burial	RACE  CAU.  S. DATE OF BIRTH  ASSET 17 13  72 YRS.  74 TRUBE  TO SHALLIMORE CITY OR COUNTY OF DEATH  WOONED DOORCED D								

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

MAY 1 3 1385 Juna Javidson-Randelle:

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

John C. Miller Inc. 6415 Belair Rd

CHANGE (AV. 1987) PROPERTY OF THE STATE OF T

OR ATTENDING PHYSICIAN: The low

retained by the haspital or

BP.

TO HOSPITAL

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

apletely filled in by the fundamental

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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0	
	- 10

REGISTRAR								REG. NO.			
1. DECEASED NAME (TYPE OR PRINT)	Dolph		L.	Pag	ge		20 DATE OF D	-	1985	YEAR	2:40 A
3. SEX Male	•	4. RACE Whi	te	5 DATE O		15	6 AGE (IN YEAR	S LAST BIRTHE	YRS.	INDER I YEAR	IF UNDER 24 HRS HOURS MIN.
70. BIRTHPLACE (STA	TE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWI	D CX NEVER A	AARRIED	9 BALTIMORE Balti			DEATH	м
Baltimo			HOSPITAL, NURSIN HEACILY GIVATREE			ITUTION	120 USUAL OC (TYPIRE WORK FO RETURN			126 KIND O	of Business Of
USUAL RESIDENCE IN 13M STATE Maryland			GIVE RESIDENCE BEFORE  131. BY 9R FOW  BOLLING		13d. INSIDE C	TY LIMITS?	130 STREET SO	DRESS /	Nagier	a St.	21231
14 FATHER'S NAME FIRST Emmets		MIDDLE	Page			maiden Na/		MIDDLE		Per	ry
160, WAS DECEASED (YES, NOTTRUNKNOW		RMED FORCES? VE WAR OR DATES)	244-16-		Althea		ge 116 S	. Mac		St. 2	1231
gave rise to cause (a), underlying	any, which immediate stating the cause last.	DUE TO, O  (b)  DUE TO, O	r as a conseoue	NCE OF	NOT RELATED	TO THE TERM	NINAL DISEASE C	DR CONDI	TION GIVEN	IN PART 1	i a
CERTIFICATION AND AND AND AND AND AND AND AND AND AN	PERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED		1	IN CERTIFYIN	IG CAUSES	
OR CONTRIBUTING	CAUSE OF DE	ATH HOUR A. R) P.  21e PLACE	M. MONTH DA M. OF INJURY	19						OR PART 2)	STATE
22a. I certify the saw the diabave, (1) (	DUE TO, OR AS A CONSEQUENCE OF  (c)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN  OF OPERATION  19b CONDITION FOR WHICH OPERATION WAS PERFORMED  20a AUTOPSY?  YES NO YES NO PERFORMED  21b TIME OF INJURY HOUR A.M. MONTH DAY YEAR R NOTIFY MEDICAL EXAMINER)  P.M. 19  (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  19 TAN USA 19 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN  COURRED  (In)  (ITY OR TOWN  CO  (ITY		nd fram the	that (I) (we) last causes stated							
226. SIGNATUR 226. PHYSICIAN	I'S NAME (TIPE O	Turn Paul	1sh	m.			MEDICAL DIRECTOR	STAFF	treat.	5/9 B	185

DHMH - 16 60M 7/B4

IMPORTANT: If them 21 is morked ar Item 18 shaws any injury, ar ather traumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

(VRA 15, 4)

Charles S. Zeiler & Son Inc. 106224 Eastern Ave. MAY 9 966 24 FUNERAL DIRECTOR

5-11-85

230. BURIAL, CREMATION, REMOVAL Burial

Dulaney Valley Mem.

23d. LOCATION Cockeysville, Balto. Co., Md.

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-//incesso. .eiler 1 Jun 1820, 6221 atrour vo. Mai

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICATE OF DEATH	REG.	NO.		
	DECEASED NAME FIRST		MIDDLE		AST ATER	20 DATE OF DEATH	MONTH	DAY YEAR	26. HOUR A
1	WILL	IAM	G.	PAL	IE R	MAY 1,	1985		2:13 <sub>M</sub>
3.	SEX	4 RACE		5. DATE O		6 AGE (IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	Wh	ite	July	15 , 1936	48	YRS.	WONIHS! DATS	HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8 MADDIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
1	New York	US	SA	WIDOWE		BALTIMO	DRE CI	TY	MD.
10	CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		r other institution	12a USUAL OCCUPA	FOF WORKING LIF	E) INDUSTRY	F BUSINESS OR
1	BALTIMORE				HOSPITAL	Teache	r	Publi	c School
13	SUAL RESIDENCE (IF NURS IN A PLACE OUT	OTHER INSTITUTION NTY	13c CITY OR TOW Sodus	N I	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS			551
pe	FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM				
1	Fred	MIDDLE	Palmer	•	Pearl	MIDDLE	G	rant IAS	ST.
160	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADD	RESS		
		-1957	078 30	7784	H. S. Nort	on Funer	al Hon	ne. Ne	w York
Г	18. CAUSE OF DEATH (Enter or	nly one couse per	line for (a), (b), an	dicri					IMATE INTERVAL ONSET AND DEATH
ı	PART I. DEATH WAS CAUSE	D BY: TE CAUSE (a)	CARDIAC	ARRI	EST		1 2		NUTIZ
L			R AS A CONSEQUE	NCE OF					
ı	Canditians, if any, which	( b)	VARICEA		HORRHAGE			2 MI	NUTTES
L	gave rise to immediate cause (a), stating the	DUE TO. O	R AS A CONSEQUE	ENCE OF				40	-106
L	underlying cause last	(c)	SCLEADS	Na .	CHOLANGITIS			10 4	EARS
١.	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CO	NDITION GIV	EN IN PART I	o
3	HEPAT	ORENAL	SYNDROM	ME					
CERTIENCATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	WAS PERFORMED	20a AUTOPSY?		, WERE FINDIN	
1						YES 🔼 NO		s 🗍	NO [
		21b, TIME O	FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18 P	ART I OR PART 2)	
13	OR CONTRIBUTING CAUSE OF DE	MIN .	м.	19					
MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY	ADM STC 1	21f LOCATION	CITY OR	TOWN	COUNTY	STATE
ľ	AT WORK								
L	220.1 certify that (1) (this hasp	ital) attended th	e deceased fram_	APRIL	17 19 85	to MAY		19 85	that (I) (we) last
	saw the deceased alive an abave, (I) (we) (did) (did no	MAY	after death.	3 <b>&gt;</b> , an	d that in (my) (aur) apinion d	death accurred on the	date and hau	and from the	causes stated
1	226. SIGNATURE	7	1/	[	DEGREE			22c. DATE	SIGNED
ŀ	ELOU	- T.	Klin		MID ATTENDING PHYSICIAN		AFF ICIAN	5	11/85
1	22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)			22e ADDRESS THE	JOHNS HO	PKINS	HOSPI	TAL
	EDITH	F.	KEITH			H WOLFE			MD.
23	BURIAL, CREMATION, REMOVAL			NAME OF C	METERY OR CREMATORY	23d LOCATION			
IF	Removal-Burial	5/1/	85 Hu	ron-E	Evergreen	Sodus	,	New	27808

DHMH - 16 60M 7/84 (VRA 15, 4)

4905 York Road Balto., MD 21212

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

ANIE CHY II, IIIO SIKA U election de la company de la c 18 Boute Street, 14551 1 -1 Inter de des la participant Yes 155-1557 OT TO THE L. S. Norton Furench Henry Yes TO SHEET THE PROPERTY OF THE P Transition of the same of tit are established and are

DIVISION OF VITAL PECORDS, 201 W. PRESTON ST. BALTIMORE. MARYLAND 21201  O HOSPITAL OR ATTENDING PHYSICIAN: 11- fam. requires that the depart centificate be executed within 24 four, effort depart. There 4 may be stood by the haspital or oftending physician.  TO FUNERAL DIRECTOR: After this centificate has been area by the attending physician should be detached for use as the burnel-training permit Then please remove conducting permit the please remove conducting permit one of the burnel-training permit then please remove conducting permit one of Health and Mental Hygiens prior to burnel, consistent depth.
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- STATE

(TYPE OR PRINT)

3. SEX

REGISTRAR

DECEASED NAME

Mala

VMY

Surva

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2n DATE OF DEATH 2b HOUR 8 ocluatore MISONO 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH Cucasan 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore DIVORCED Y WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OWN OF DEATH 126 KIND OF BUSINESS OR lavern owner lavery USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a\_STATE
13c\_CITY OR:TOWN 15 MOTHER'S MAIDEN NAME M150-10 17 INFORMANT **ADDRESS** IN U.S. ARMED FORCES? made-18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Brain death Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO

CERTIFICATION analon 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN HEM 18 PART I OR PART 2) 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET AT WORK AT WORK 5-25 ottended the deceased fram 22a I certify that philis haspital

and that in (aur) apinian death accurred an the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR | PHYSICIAN 22e ADDRESS

3001 Kanmor 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Balto. A. A. Por. Md. edar Hill emetery

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Tilly Funeral Home 130 El ont Ave

Coloneactor Son Both more form for to another toward the ments and the Sine X was not the and the Kurst L. Later on Early I Gill - I Leave the state of the property and the tent to the te X A STATE OF THE PARTY OF THE PAR Formers I. Waller 293 X 5-25-250 same leadings and the leading e all'a Viene de la Company 
2055	NES.	1	FOR
LAJUK	~	1 -	STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

4.3	. *
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1	REGISTRAR		CERTIFICATE OF L	DEATH	REG. NO	D.		
	DECEASED NAME FIRST STAN	A	PAPICH	20	DATE OF DEATH	5/ 3		26 HOUR 945: PM
3.	Female	1. RACE Caucasian	5. DATE OF BIRTH	SYEAR S	AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HR
/	BIRTHPLACE (STATE OR FOREIGN Yugoslavia	76 CITIZEN OF WHAT COUNTRY?	MARRIED   NEVER	9	Baltimore city o	_		,
10	D.CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET St. Agnes H	NG HOME OR OTHER INS	TITUTION 12	USUAL OCCUPATE TYPE OF WORK FOR MOST O HOUSEWI	ON EWORKING LIFE)	126 KIND O INDUSTRY HOT	F BUSINESS C
3 13	3a. STATE 186 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)	ITY LIMITS? 13	street address 16 Wade 1	zip cone Avenue	, Ca	21228 tonsvi
71	FATHER'S NAME FIRST Theodore	Radosavkio		s MAIDEN NAME Sophia	WIDDLE	Rado	savk	ich
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECTION (NEWAR OR DATES) 220-18	JRITY NO. 17 INFORMA	ANT	ADDRE taker Sar		#13	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one couse per line for (a), (b), or ED BY:	CARDIAC	Tu	= 100 =		BETWEEN	MATE INTERVAL ONSET AND DEAT
	190 DATE OF OPERATION 4-20-85 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	FAILU. HOPERATION WAS PERFO		200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN		
	00.00.00.00.00.00	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR 21c HOW IN	JURY OCCURRED			1 OR PART 2)	NO [
710214	OR CONTRIBOTING CAUSE OF D  (IF EITHER NOTHY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	19 21f. LOCATIC STREET		CITY OR TO	WN	COUNTY	STATE
	220.1 certify that the (this has sow the deceased alive a	n 19	85, and that in (my)	. 19_85 () opinian dea	to May	3, 19	nd from the	that (we) lo
1	226 SIGNATURE	7. morton	DEGREE	ATTENDING _ /	MEDICAL STAP	F _	22c. DATE	
	220. PHYSICIAN'S NAME (TYPE	- AM	22e ADDRES	SS				
L	Burial, Cremation, Remova (SPECIFY) Burial		name of cemetery or oudon Park	Cem	23d LOCATION CITY OF TOWN Baltime	ore	OUNTY.	STATE Md.
24	(SPECIFY)	5-7-85 LC		Cem	CITY OR TOWN	DTE 256. REGISTRA	R	

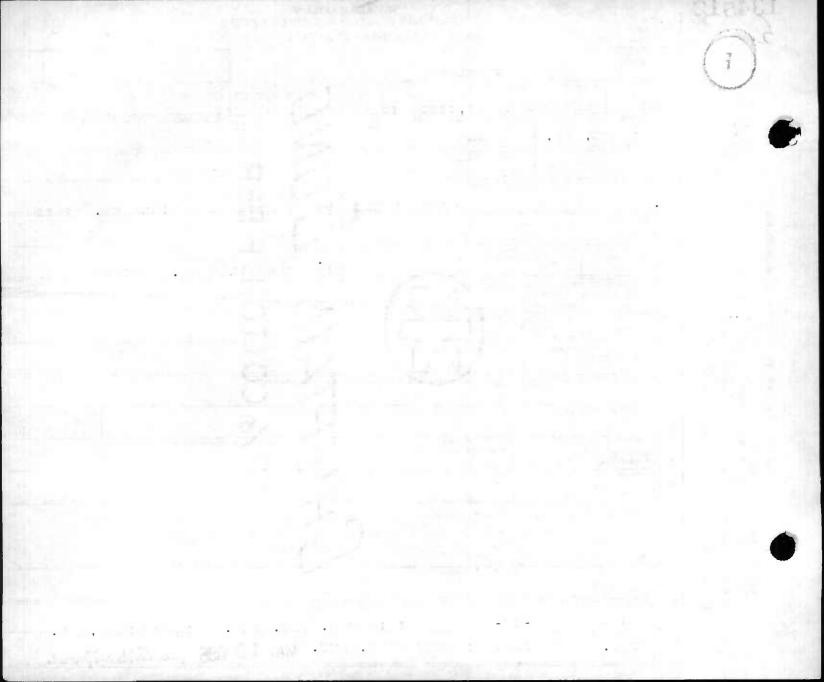
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Light T. All.

134512 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN X 1. DECEASED NAME (TYPE OR PRINT) OF ESTI-DEATH MATED Brian DOUGLASS Parker 5/ 85 19 4 RACE IF UNDER 1 YR. 3. SEX 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE 7 130 DAY YEAR LAST BIRTHDAY PRONOUNCED DEAD P MALE JULY 25, 1969 8/ 19 85 BLACK To. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE, MD. USA WIDOWED DIVORCED Baltimore City LITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY University Hospital STUDENT Baltimore OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13e STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS NO VI MD. YES [ CATONSVILLE 109 CHANTI M. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST PAGES KAND FIRST EIRST NORMAN PARKER DOROTHY MADDEN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT ADDRESS DIVISION (YES, NO, OR UNKNOWN) LIEYES GIVE WAR OR DATES! MR. NORMAN PARKER 2109 CHANTILLA RD. YES 21228 ALONG WI 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot Wound of Chest IMMEDIATE CAUSE (a)\_\_\_\_ DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Canditians, if any, which AND MENTAL gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ED AS A B CERTIFICATION USED , 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 6 TE, WRITING THE WORD SRWARDED TO THE CHI R: PAGE 3 SHOULD BE U. E STATE DEPARTMENT OI YES NO X 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 UNDERLYING OR HOUR XX. HOUR TOWN MONTH DAY YEAR 19 85 5/8/ self-inflicted wound 21e PLACE OF INJURY 21f LOCATION 21d INJURY OCCURRED AT WORK AT WORLE STREET, FACTORY, FARM, FTC. I CITY OR TOWN STATE 2109 Chantilla Rd., Balto, County, Md. basement ULD BE FORV DIRECTOR: P (, WITH THE ST H, WITH THE S MARYLAND, Inspection XX 220. I certify that I taak charge of the remains described above, held an Autapsy and in my apinian Suicide XX death resulted fram: Accident Hamicide Undetermined manner Natural causes TITLE (SPECIFY) PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, 'BAETIMORE, M. ACTUAL 5/9/85 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. (TYPE OR PRINT) ADDRESS. 230 BURIAL CREMATION REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY BURIAL 5 - 14 - 85 GARRISIN FOR. VET. CEM OWINGS 24. FUNERAL DIRECTOR **DHMH - 17** LERGY O. DYETT 4600 ADDEST BERTY HGTS AVE.

(VR A15 ME (5))



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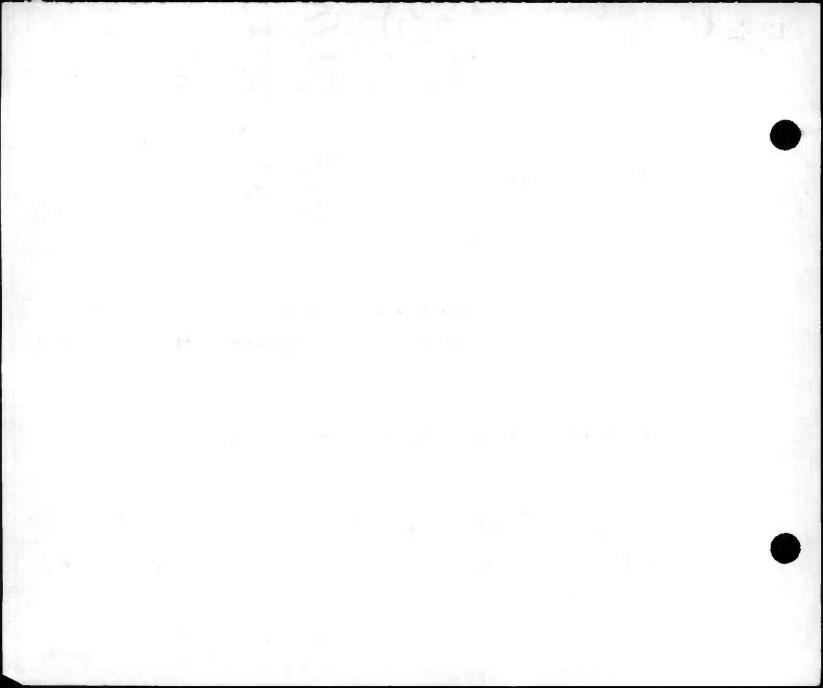
e fortied of sace.

CERTIFICATE OF DEATH		REG. NO.					
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	O	0		4	4.1	0	
STATE OF MARYLAND	18		3	- 4	1	(Z)	

	FOR 1 - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH		4 0 8 5
ı	DECEASED NAME FIRST	MIDDLE	LAST	REG. NO.  2a. DATE OF DEATH MONTH DAY	YEAR 2b. HOUR
	(TYPE OR PRINT) EDNA	L.	PARKER	MAY 7, 1985	12:35 M
	3. SEX	4. RACE	5. DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS
9	Female	Black	12 10 21	6.3 YRS	
d	Ja. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED		FDEATH
1	MD	USA	WIDOWEDXX DIVORCED		MD.
5	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET  JOHNS HOPKINS		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
	USUAL RESIDENCE (IF NURSING HOME OF 13a STATE 13b COUR	OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION)	S? 13e.STREET ADDRESS / ZIP CODE	
2	MD 138 COOF	Baltim		633 N. Aisquit	h St. 21202
	14 FATHER'S NAME		15. MOTHER'S MAIDEN	NAME	
	John	Brown	Leola	WIDDLE	LAST
۹	16g WAS DECEASED EVER IN U.S. AR			ADDRESS	<u>ith</u>
		VE WAR OR DATES) N/A	Adell Di	aas 1046 Milton	Avenue
1	18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b), or			BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	TE CAUSE (D) CART	MAC ARREST		45 min
		DUE TO, OR AS A CONSEQU	ENCE OF		118
	Conditions, if any, which gave rise to immediate	(b) PROB	ABLE PULM	ONARY EMBOWS	752,4
ı	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	ENCE OF		
1	DART 2 OTHER SIGNIEICANIT	(c)	DEATH BUT NOT BELATED TO THE	TERMINAL DISEASE OR CONDITION GIVEN	LINI DART 1/a
1		CONDITIONS CONTRIBUTING TO	DEATH BOT NOT RECATED TO THE	TERMINAL DISEASE OR CONDITION GIVEN	MARKET NO.
Ħ	190 DATE OF OPERATION 4-28-85 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED NG CAUSES OF DEATH?
	三 4-28-85	Small Bowel	Obstruction	YES NO YES	
	21a. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	1 OR PART 2)
	OR CONTRIBUTING CAUSE OF DE	AIH .	19		
	OR CONTRIBUTING CAUSE OF DE-	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	AT WORK NOT WHILE AT WORK	The name state, racions, or rec.	, , , , , , , , , , , , , , , , , , , ,		
		ital attended the deceased from			& S_, that (I) (we) last
	sow the demosed alive on obove, (I) (we) (aid) (did no	19_ ot) view the body after death.	, and that in (my) (ur) ob	nion death accurred on the date and hour o	
	22b. SIGNATURE	۸ ۱	DEGREE ATTENDIN	IG MEDICAL STAFF ./	224. DATE SIGNED
	1247	Ingles	PHYSICIA		5-7-85
	774 PHYSICIAN'S NAME (IVE)		22e. ADDRESS		
_		QLEY 122	NAME OF CEMETERY OR CREMATO	DRY 123d LOCATION	
	830 BURIAL, CREMATION, REMOVAL		altimore Nat'l	CITY OR TOWN	COUNTY STATE
	24 FUNERAL DIRECTOR	7/14/07	25d	MANEREC'D. BY REGISTRAR 256. REGISTRA	MD AR'S SIGNATURE
	NAME	ADDRESS	North Ave.	MAY 1 0 1985 Journa Vac	idson-Mandalle
	Wm. C. March	F/M	NOTTO AVA		

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and costanded for use as the burial-transit permit. Then please remave carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical



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100		OR PRINT)  SARA	×I+	B.	PARKER	2	20. DATE OF DEATH	5 1	9 85	5 pm
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the car are sold of the care and the care an		18 CAUSE OF DEATH (Enter	only ane cause pe	er line for (a), (b), on	d (c1.)				BETWEEN OF	NATE INTERVAL
The state of the s	160	PART I. DEATH WAS CAU	SED BY: ATE CAUSE (a)	CARDIA	C ARRE	ST		1572		
ding or respectively	177			OR AS A CONSEQU	NCE OF	1	1	0.000	-	11.
STO		Conditions, if any, which	( (b)_	RENAL	FAILUI	RE /	SEPSIS/	ARUS	5-	4days
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FUNERAL DIRECTOR:

(VRA 15, 4)

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#### STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 129605 CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a. DATE OF DEATH MONTH 26. HOUR (TYPE OR PRINT 4. RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3. SEX MONTH YEAR 68 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE ESTATE OR FOREIGN MARRIED | NEVER MARRIED COUNTRY) 6 WIDOWED DIVORCED 83 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR hatified 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) WORK FOR MOST OF WORKING LIFE) ON SECOURS USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 1136. COUNTY 1136. CITY OR TOWN 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? EN ROSE 2120 YES 🔁 NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRS PARKER KER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b. SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) medi 7700 W WW APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate other couse (o), stoting underlying couse lost 0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 110 CERTIFICATION any 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? shaws NO T NO YES [ 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ٤ MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M He. Ö 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) morked NOT WHILE AT WORK AT WORK 0 220.1 certify that (1) (this haspital) attended the deceased from . 25 saw the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obgee, (Triger) (did) (did not) MPORTANT: If Hem 27h SHON ATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23h D2 (SPECIEVE INGS 250. DATE REC'D. BY REGISTRAR 251, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83

DIL DER LEE ENVELONDE That the Bear Steamers Charges Beat South make the second of the second STATE OF PARTY MARKET OF ALLEST MARCH - SUL IL SANDAND OF MARIN OF THE DO SAN IN WHICH IS Here all the commence of the second for the second of the second A MARKET CONTRACTOR OF THE YAM THE ISLEND TO SEE THE TOTAL OF THE PARTY OF THE PART

[VRA 15, 4]

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	DEC NO				

	REGISTRAR		CERTI	ICATE OF DEATH	REG. NO			
	CEASED NAME FIRST	WIDDLE	l.	AST	20 DATE OF DEATH	NONTH DAY	Y YEAR	26 HOUR
(TYPE	PAUL	~~~~~	PAR	SLEY	MAY 9, 198	35		12:45
3. SEX	X	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1	Male	White	Apr	6, 1919 YEAR	66	YRS		HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT C	OUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTYO	FDEATH	
	est Virginia	U.S.A.			BALTIMORI	CIT:	Y	M
III CI	ITY OR TOWN OF DEATH	1 I. NAME OF HOSPITA		OR OTHER INSTITUTION	120 USUAL OCCUPATIO		12b. KIND O	F BUSINESS OR
PB.	ALTIMORE	JOHNS HOP	KINS HOS	PITAL	Superviso			ical P:
(			DENCE BEFORE ADMISSION) TY OR TOWN CONTON	13d INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS /		et	1999 45638
	THER'S NAME FIRST David	Parsley	LAST	IS. MOTHER'S MAIDEN NA	e Fannin		LAS	T
	VAS DECEASED EVER IN U.S. AF		CIAL SECURITY NO.	17 INFORMANT		s 2123	2.4	Maxela
()	YES NOOR UNKNOWN) (IF YES, GI	VE WAR OR DATES)		Curtis Wel				Maryla ltimor
	18 CAUSE OF DEATH Enter of	nly one couse per line far	101, (b1, and c			719	APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
20	PART I. DEATH WAS CAUSI		eumonia	à			200	aus
ATION	PART 2 OTHER SIGNIFICANT		UTING TO DEATH BUT OR WHICH OPERATIO		AINAL DISEASE OR COND	20b IF YES, V	WERE FINDIN	NGS USED
THE					YES NO	IN CERTIFYIN	NG CAUSES	OF DEATH?
AL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ALIE .	ONTH DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART	I OR PART 2)	
MEDIC	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJU	JRY ORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
	220. I certify that (I) (this hasp saw the deceased alive ar abave, (I) (we) (did) (did no	May 7	1085	nd that in (my) (our) opinion	, to May death occurred on the dat	, 19 e and haur o		that (I) (we) lost causes stated
	22b. SIGNATURE			DEGREE	UEDICAL CTAE		22c. DATE	
		Molina	MD	ATTENDING PHYSICIAN [	MEDICAL STAFF		5-9	7-85
	Joseph M	Moline	MD	600 N Wal-	fe St Baltin	LOKE A	10 2	1205
	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
	Burial	May 12,8	5 Highla	nd Mem Gard	ens South	oint.	Ohio	0
24 FU	UNERAL DIRECTOR THE I	Dippel Fun	eral Hom	es, Inc 250 DA	E REC'D BY REGISTRAR 2	Sb. RECISTRA	S SIGNAT	Man Land
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	- STATE REGISTRAR		CERTIFICATE OF DE		REG. NO.	
	1. DECEASED NAME FIRST (TYPE OR PRINT) ANDS	RSON	PATE	20. DATE OF D	DEATH MONTH DAY	85 10 40
	3. SEX MALE	BLACK.	5. DATE OF BIRTH MONTH DAY	VEAR 10 75	MONIT	DER I YEAR IF UNDER 24 HR
7	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  S. CAROLINA	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MA	ARRIED	more City	DEATH
6	10. CITY OR TOWN OF DEATH  BALTI MURE	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE NORTH CRAFL	T ADDRESS!	LEVEL OF MORK E		b. KIND OF BUSINESS O IDUSTRY
3	USUAL RESIDENCE (# NURSING HOM 136. STATE 136 CC	e or other institution, give residence befo DUNTY 13c. CITY OR TOV Baltimo	WN 13d. INSIDE CIT	Y LIMITS? 13. STREET AD	DDRESS . Mosher St	. 21216
	H. FATHER'S NAME Bowan	Pate Pate	15. MOTHER'S A		MIDDLE R	ogers
	160. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES)	GIVE WAR OR DATEST	URITY NO. 17. INFORMAN		W. Mosher S	t.
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r anly one cause per line for 10), (b), a USED BY: DIATE CAUSE (a) CARDi	ind (c).)	AR- APPE	5T	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

PART I. DEATH WAS CAUSED BY CARDIO- PULMONARY APREST IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF PNUENTONIA Conditions, if ony, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF CEREBRO-VASCULAR ACCIDENT underlying cause RMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER P.M 21e. PLACE OF INJURY 211 LOCATION 21d. INJURY OCCURRED

NOT WHILE 22a. I certify that (I) (this haspital) attended the deceased from

saw the deceased alive on and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED 226 SIGNATURE DEGREE

ATTENDING MEDICAL STAFF PHYSICIAN | DIRECTOR | PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT 22e. ADDRESS

AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

NORTH CHARLES GEN.

CITY OR TOWN

23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN STATE (SPECIFY) 5/23/85 Winchester MD Garden of Eternal Hope Burial 24 FUNERAL DIRECTOR

DHMH - 16 50M 4/82

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TO FUNERAL DIRECTOR:

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this certificate

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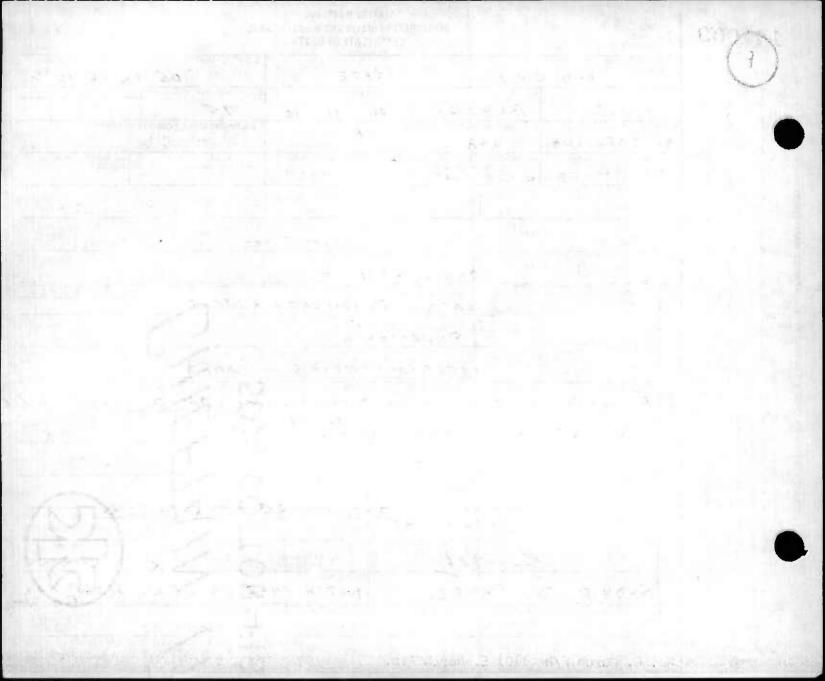
Wm. C. March F/H 1101 E. North Ave. (VRA 15, 4)

REGISTRAR 25b. REGISTRAR'S SIGNATURE na laindron

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BP. DHMH - 16 50M 4/83 (VRA 15, 4)

### STATE OF MARYLAND

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34571	1 -	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR  CERTIFICATE OF DEATH  REG. NO.
meter, page 3	3. SEX	TEASED NAME FIRST MIDDLE LAST PROPRIET SO. DATE OF DEATH MONTH DAY YEAR 20. HOUR OR PRINT)  I da  T. Retro  5 4 1 5 6 00 PM  4 RACE  4 RACE  4 RACE  4 RACE  4 RACE  5 JATE OF BIRTH  MONTH  DAY  FOR  15 JATE OF DEATH MONTH DAY  FOR  5 YEAR STATE OF DEATH MONTH DAY  FOR  16 AGE (IN YEAR STATE BIRTHDAY)  MONTHS DAYS HOURS MINE  17 YEAR  MONTHS DAYS HOURS MINE  18 JATE  28 JATE  18
rs ofter deoth.  by the funeral filed within 22 the solution of the solution o	10. CI	THE PLACE (STATE OR FOREIGN OUNTRY)  7b. CITIZEN OF WHAT COUNTRY?  8. MARRIED NEVER MARRIED SHOWER CITY OR COUNTY OF DEATH WIDOWEDS DIVORCED SHOWER STATES SON IN AUCTION SHOWER STATES SON IN SUCH FACELY, GIVE SIREST ADDRESS ON INTERCOMPT SON IN SUCH FACELY, GIVE SIREST ADDRESS ON INTERCOMPT SON IN SUCH FACELY, GIVE SIREST ADDRESS ON INTERCOMPT SON IN SUCH FACELY, GIVE SIREST ADDRESS ON INTERCOMPT SON IN SUCH FACELY, GIVE SIREST ADDRESS ON INTERCOMPT SON IN SUCH FACELY, GIVE SIREST ADDRESS ON INTERCOMPT SON IN SUCH FACELY, GIVE SIREST ADDRESS ON INTERCOMPT SON IN SUCH FACELY, GIVE SIREST ADDRESS ON INTERCOMPT SON IN SUCH FACELY OF THE INSTITUTION OF TH
red within 24 ho	13a. S	TATE  NO COUNTY  BY  13d. INSIDE CITY LIMITS?  13d. INSIDE CITY LIMITS?  13d. STREET ADDRESS / ZIP CODE  YES NO DE H321 BEIMAN AVE.  YES NO DERA  15. MOTHER'S MAIDEN NAME  FIRST  MIDDLE  STOPPORT  16b. SOCIAL SECURITY NO.  17 INFORMANT  ADDRESS  SOCIAL SECURITY NO.  17 INFORMANT  ADDRESS  SHIPPLAN  GEORGIUSS - SAMEAG INE.
equires that the death certificate be signed by the attending physician. Then please remove carbon papers, to burial, cremation, or removal. njury, or other traumatic event, the	z	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) SWCC. — HY CI HY SIM — STORYS.  DUE TO, OR AS A CONSEQUENCE OF OUT
HYSICIAN: The low reduing physicion.  Is certificate has been buriol-transit permit.  I Mental Hygiene prior frem 18 stern ann.	MEDICAL CERTIFICATION	190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY? YES NO YES NO
by the hospitol or of ERAL DIRECTOR: Aft edoched for use of Store Dept. of Health ANT: If Item 21 is more		27a   certify thot (1) (this hospitol) ottended the deceosed from sow the deceosed olive on obove, (1) (we) (did) (did not) view the body latter deoth.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN  27a ADDRESS  27a ADDRESS  27a ADDRESS  27a ADDRESS  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN  27a ADDRESS  27a ADDRESS
BP	24 FL	URIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY STATE S

get it is the FE MARE TO TO TOTAL STAR BARN 3B. COLD TO THE STATE OF THE STATE The Property of the Section of the S AND THE PROPERTY OF THE PROPER BENEFIT - LAURENCE PRIMITE MAISTERS ! LOUIS DE SE SE SER SERBELLAR SALET The sale and a state of the sale of the sa

,	1 - STATE REGIS
	1. DECEASED (TYPE OR PRINT)
733	3. SEX
	Fe
27	70. BIRTHPLA
	Fra
2	10. CITY OR T
44	BALTI
200	USUAL RESID
5	Md.
	14 FATHER'S
-	Co

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

					-
8	5	- 1	Eng.	U	7
	DEG NO				

REGISTRAR				CERTIFI	CATE OF DEATH		REG. NO.			
I. DECEASED NAME	FIRST	N	AIDDLE	LA	ST .	20 DATE	OF DEATH MON	ITH OA	AY YEAR	26. HOUR
(TYPE OR PRINT)	ANNI	E Wa	shingtor	n P	ERINE		05-	31-	85	1134
3. SEX		4. RACE		5. DATE OF	BIRTH DAY YEAR	6. AGE	IN YEARS LAST BIRTHOA		FUNDER I YEAR	HOURS MIN
Fema	le	White	e	June	28 1909		75	YRS		
70. BIRTHPLACE (SI	ATE OR FOREIGN	76. CITIZEN OF V	WHAT COUNTRY?	8 **** PD IS O	NEVER MARRIED	9 BALTI	AORE CITY OR C	OUNTY	OF DEATH	
France		U.S.	. A.	WIDOWED		BA	LTIMORE			٨
10. CITY OR TOWN C	FDEATH	11. NAME OF H	HOSPITAL, NURSIN	NG HOME OF	OTHER INSTITUTION		AL OCCUPATION			F BUSINESS O
BALTIMORE	CITY	UNIO	N MEMORI	AL HOS	PITAL	Est	ork for most of wo	aise	r Banl	king
USUAL RESIDENCE	IF NURSING HOME OF		GIVE RESIDENCE BEFOR	E ADMISSION)	134 INSIDE CITY LIMITS?	13e.STRE	T ADDRESS / ZI	P CODE		
Md.			Balto.		YES NO	390	DO N. CH	narle	s St.	21218
14 FATHER'S NAME			100		15 MOTHER'S MAIDEN					
George	-	rbin	Perine		Tyler		WIDDLE		Cooke	
160 WAS DECEASED			16b. SOCIAL SECL	IRITY NO	17. INFORMANT		ADDRESS		COURE	
IYES. NO OR UNKNOW		E WAR OR DATES)						- 1.		
No			213-28-0	0549	Mrs. Alla	n Johr	Mead	Balto		MATE INTERVAL
Conditions, if gove rise to couse (a), underlying	immediate	DUE TO, OF	RAS A CONSEQUE							
PART 2. OTHE	RSIGNIFICANT	161		DEATH BUT	OT RELATED TO THE TE	RMINAL DISE	ASE OR CONDITI	ON GIVE	N IN PART 10	0
& Hymes	atremi	2. 00	unionuos	onthy						
NO DALE OF C		-			WAS PERFORMED	20a A YES	_ IN		WERE FINDING CAUSES	
On CONTRIBUTION	CAUSE OF DE	Un	M. MONTH D	AY YEAR	21c. HOW INJURY OCC	URRED (ENTE	R NATURE OF INJURY IN	ITEM 18 PAI	RT I OR PART 2)	
(IF EITHER, NOTI		21e. PLACE			211 LOCATION		CITY OR TOWN		COUNTY	STATE
WHILE AT WORK	NOT WHILE AT WORK	(AT HOME, STR	REET, FACTORY, OFFICE,	FARM, ETC.)	SINCE		1			
sow the c	eceased alive on	4 19	e deceased from	857.00	that in (my) (aur) apini	on death occ	orred on the date	and hour		that (I) (we) lo
22b. SIGNATU		A A	A COLUMN		EGREE		71-12-1		22c. DATE	SIGNED
m.K	with 1	and	~	n	ATTENDING PHYSICIAN		AL STAFF OR PHYSICIAN		5-3	1-85
22d. PHYSICIA	Y'S NAME (TYPE	OR PRINT)	0		22e ADDRESS					
M. KI	EITH RAW	LINGS. N	1.D.		UNION MEN	MORIAL	HOSPITAL	4		

231 NAME OF CEMETERY OR CREMATORY

Green

Mount

BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the offershould be detached for use as the burial-transit permit. Then please remove with the State Dept. of Health and Mental Hygene prior to burial, cremotian

IMPORTANT: If Item 21 is

230 BURIAL, CREMATION, REMOVAL

Burial

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

24 FUNERAL DIRECTOR Henry W. Jenkins & Sons C., Balto., Md.

6-3-85

23b. DATE

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

23d LOCATION
CITY OR TOWN
Balto.

Md.

COUNTY

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35	ine Estitect	oo cart	olemeil
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	1964 - L	.cHa3	.ым
DA Pris E.			
10 N. Chirles st. su   Don'ts		enine nino	Cachna

Engan Link tenny M. Jenkins R. Sons C., Belto., Nd. and completely filled in by the funeral director. I ages I and 2 should be filed within 72 hours often

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and ci should be detached for use as the buriol-transit permit. Then please remave carbon popers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, or ather troumatic event, the medical

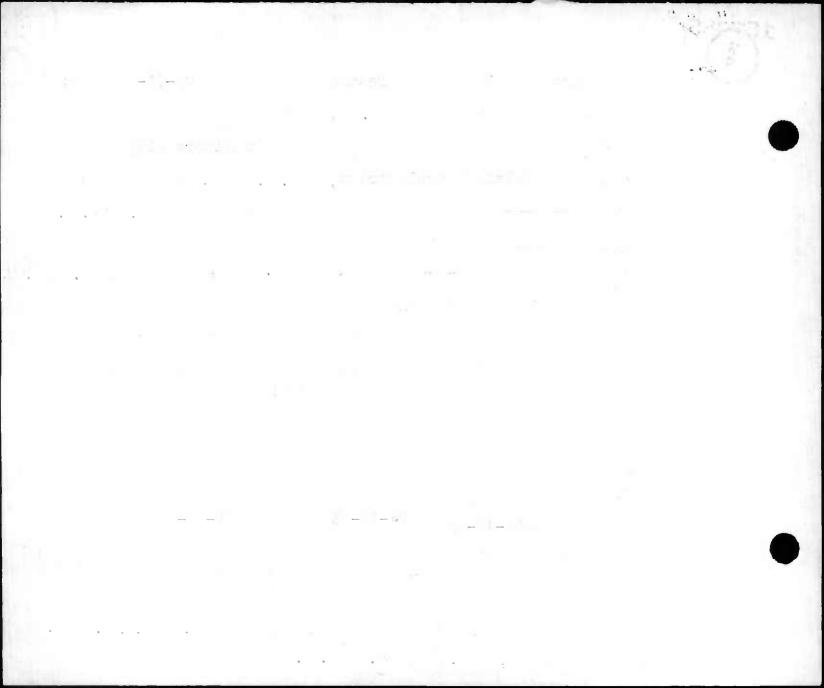
#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ì	9	1	2	U	7	6.

١	1 -	REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	o		
ı		EASED NAME	FIRST	1	MIDDLE	Ł	AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR P
	(1.772)	ORPRINT	Lena	M		Pe	ters		05	-31-	-85	1:00 -
1	3. SEX			4 RACE		5. DATE C		- 11	AGE (IN YEARS LAST BIR	THDAY	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
ı		Femal		Whi		Aug	. 14, 1900		84	YRS		
1	7a. BIR	OUNTRY) / J	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED		BALTIMORE CITY C	_		
2		aryland		USA		WIDOWE			Baltimore		<u>v</u>	MD
1	B	altimore	2	Belai	r Conval	esar	ium, Dalto.	- 1	120 USUAL OCCUPATION OF MOST COMMON TO MAKE THE MOST COMMON TO MAT			OF BUSINESS OR
	13g, S	tate ryland	NURSING HOME OF		GIVE RESIDENCE BEFORE 134, CITY OR TOWN Daltimon	ADMISSION) N	13d. INSIDE CITY LIMITS			zip cor	t.Balto.	.i.d.21230
	14. FA	THER'S NAME	j -	MIDDLE	Meier		15. MOTHER'S MAIDEN	MAN	Unknown		LAS	ST.
		AS DECEASED E			212-10-70		Mr. crnest	H.1	Booken, 4710	1	kside Da	r. Balto !
		18 CAUSE OF D	EATH (Enter or	ly one cause per	line for 1/2 19 and	Ulc	could		511/1		APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
		PAKI I. DEAI	H WAS CAUSE IMMEDIA	TE CAUSE (a)	- MROI	0/6	· CONC	96	SINE			
				DUE TO, O	r as a conseque	NCE OF	TEART	-	FACCE	sre	=	
		Conditions, if		(b)_					·		-	
		cause (a), s underlying c		DUE TO, Q	COEK	TEOF	CORON	0/	ARY AND	276	784	
		PART 2 OTHER	SIGNIFICANT	101			DANCAS					a
	N 0						2120110					
	CERTIFICATION	190 DATE OF OP	ERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?		ES, WERE FINDIN	
	I I								YES NO	١ ١	res 🗌	NO 🗌
		210, ACCIDENT WA	_		FINJURY M. MONTH DA	YEAR	21c HOW INJURY OC	CURRE	D (ENTER NATURE OF INSU	RY IN ITEM 18	PART LORPART 2)	
	MEDICAL	(IF EITHER NOTIFY	MEDIC AL EXAMINER	P.	M.	19						
	MED	21d INJURY OC		21e PLACE	OF INJURY REET, FACTORY, OFFICE FA	ARM ETC )	21f LOCATION		CITY OF TO	WN	COLINITY	STATE
		22a   certify	Ti other hospi	1)	1	04-1	5-85 19		05 31	95	. 19	that (I) (we) last
			ceosed-sine of	105-16	decemed from		nd that in (my) (our) opin	nian de	eath accurred on the d	ate and ho		
		176 SINATURE		1110	ane deam.		DEGREE				2014	7788
		1		us				NG X	MEDICAL STA	IAN 🗌	2/2	1/00
		PHYSICIAN	S NAME (THE	M FRONTS			??e ADDRESS				/	
		URIAL, CREMATI SPECIFY) Burio	j				EMETERY OR CREMATO		23d LOCATION CALLY ORTOWN Dalto.	+	1. A. O.	Md. STATE
	24 FU	NEDAL DIRECTO	D				27 220 1250	- 0	REC'D BY REGISTRAR			
	Mc	Cully F	uneral	Home, 13	0 E. 18 ort	E Ave.	Balto Md. J	WN	4 1985		Walled - 12	STATE OF
				_								

DHMH - 16 50M 4/B3 (VRA 15, 4)

BP.



10	1 -	FOR STATE REGISTRAR	DEPARTN	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5	1409
		EASED NAME FIRST OR PRINT) VERA	MIDDLE	ETRELLA	2a. DATE OF DEATH MO	1 - 85 9.2
	SEX	FEMALE!	RACE WHITE	5. DATE OF BIRTH  MONTH DAY YEAR  O 2 1 1	6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HOURS YRS.
	C	THPLACE (STATE OR FOREIGN 71 DUNTRY)  Aryland	L. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore C.	
political 10	i. CII	BALT CITY	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)	GHOME OR OTHER INSTITUTION  LODRESS)  LL S CLCLL	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO HOMEMAKER	
a south	3a. S	L RESIDENCE (IF NURSING HOME OR O TATE 136 COUNT PARYLAND	THER INSTITUTION, GIVE RESIDENCE BEFORE  13t. CITY OR TOWN  Baltimor	1 13d. INSIDE CITY LIMITS?	13: STREET ADDRESS 4017 Liberty	Heights Avenue
C x o	. FA	THER'S NAME FIRST MI TONY	DOLE White	15. MOTHER'S MAIDEN NA FIRST Sophie	WIDDLE	Unknown
medical 16		AS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) (IF YES, GIME V	MED FORCES? 16b. SOCIAL SECU WAR OR DATES) 301-12-0		ADDRESS Petrella 2650	Clearwater Fla Pebble Beach D
y, ar other traumatic e		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	Sensu	~ Uruay	Machanin PART I To
Jalini kuo swo	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED		DE IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEAT YES \( \) NO \( \)
- 4	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 218. INJURY OCCURRED  WHILE NOT WHILE	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	Y YEAR 19 211. LOCATION	RRED (ENTER NATURE OF INJURY IN CITY OR TOWN	(TEM 18. PART 1 OR PART 2)  COUNTY S
ked or 1	Σ	AT WORK				0
If Nem 21 is morked or t	W	22e. I certify that (1) (this hospito sow the deceased allowing above, (1) (we) (did) (did 22b. SIGNATURE		ond that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN	death accurred on the date  MEDICAL STAFF DORECTOR PHYSICIAN	224. DATE SIGNED

236 NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/82 (VRA 15, 4)

ADDRESS Leonard J. Ruck, Inc. 5305 Harford Road 21214

5/3/85

23b. DATE

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Cremation
24 FUNERAL DIRECTOR

Westview Crematory 250. DATE REC'D. MAY 6

23d. LOCATION

Baltimore Maryland

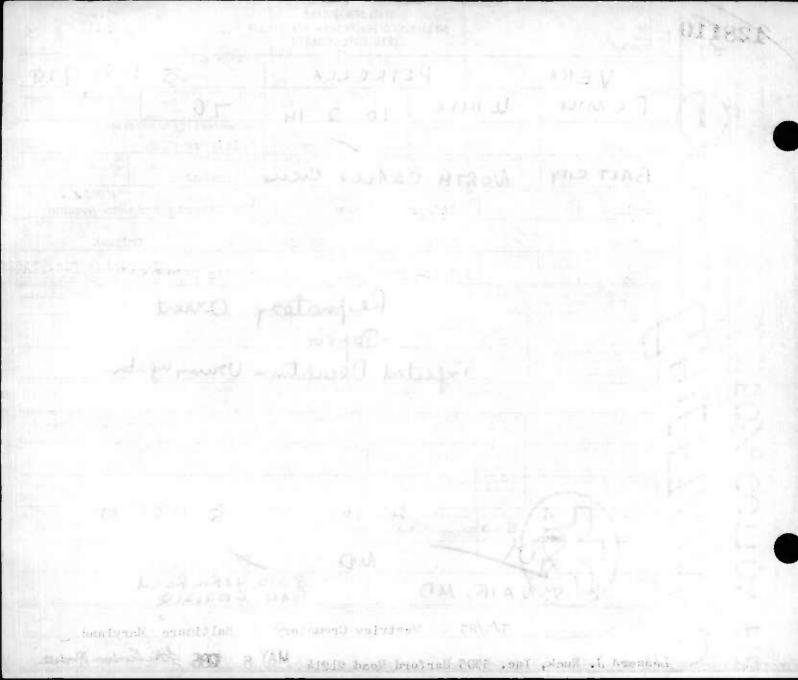
By REGISTRAR 256, REGISTRAR S SIGNATURE

TRES

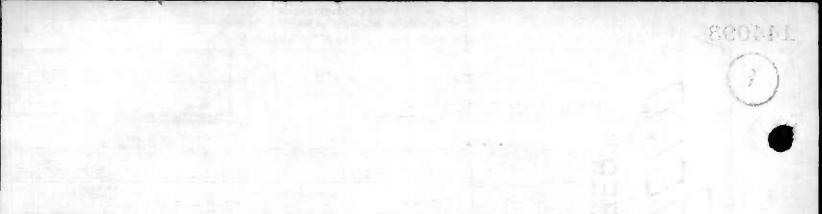
Gina Davidson—Randalle

COUNTY

STATE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 144093 1 - STATE REGISTRAR REG. NO KNOWNXX L DECEASED NAME TTYPE OR PRINTS ESTI-OF DEATH MATED Anthony 19 19 85 Duane Pettv 4. RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER ) YR. 2d HOUR 3. SEX IE UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 3:30P Male July 19 1968 White DEAD 19 85 19 16 Th. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X U.S.A. Virginia DIVORCED Baltimore City OF CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK Student University Hospital High School Baltimore 21085 13e STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Harford Maryland Joppa 825 Chatfield Road YES [ FATHER'S NAME 15 MOTHER'S MAIDEN NAME Donald Wade Pettv Monica Elizabeth Pastor 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 825°Chatfield Road Joppa, Maryland 21085 NO NONE 220-62-0255 Donald W. Petty DIVIS 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ALONG W BETWEEN ONSET AND DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIFF MEDICAL EXAMINER ALONG 1 TO FUNERAL DIRECTOR; PROMISE USED AS A BURIAL -TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTH, MORE THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTH, MORE AND 21201 PROR TO BORIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NOX 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XXOR  $3 \times \times \times 5$ 19 185 Passenger in auto/fixed object impact CONTRIBUTING CAUSE OF DEATH 71e PLACE OF INJURY (AT HOME 21f. LOCATION 21d INJURY OCCURRED AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.1 CITY OR TOWN STATE Fallston Old Joppa Rd. Harford MD. road Inspection X 220. I certify that I took charge of the remains described above, held an Autopsy X death resulted fram: Homicide Undetermined manner Natural couses TITLE (SPECIFY) ACTUAL Assistant 5/20/85 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn St. Balto., MD. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 1236. DATE 23d LOCATION COUNTY STATE Gardens of Faith Cemetery, Baltimore Burial May 22,1985 Md 07/84 24 FUNERAL DIRECTOR 250 REGISTRAR'S SIGNATURE **DHMH - 17** Howard K. McComas III, Abingdon, Md. 21009 (VR A15 ME (5))



9/	1.	FOR STATE REGISTRAR			DEPARTA	NENT OF H	E OF MARYLAND BEALTH AND MENTAL HYC ICATE OF DEATH	GIENE 8 5	1	40	9
)		CEASED NAME	FIRST		WIDDLE		AST 73.77	May 19, 1	OOF DAY	YEAR	26. HOUR 1:45
/			ERNICE		P.		AFF			JNDER I YEAR	IF UNDER 24 HI
	3. SE.	X	ľ	4 RACE		5. DATE (		6. AGE (IN YEARS LAST BIRTH		THS DAYS	HOURS ME
2	Fe	emale		White	e	Mar	ch 24,1918	67	YRS.		
\$5		RTHPLACE (STATE OR F COUNTRY) aryland	OREIGN 7	U.S.A	WHAT COUNTRY?	8. MARRIE WIDOWI	D NEVER MARRIED DIVORCED	Baltimore CITY OR		DEATH	
0		ITY OR TOWN OF DEA	TH 1	11. NAME OF	HOSPITAL, NURSIN	G HOME (	OR OTHER INSTITUTION	12a USUAL OCCUPATIO	N		F BUSINESS (
Mitor /		altimore		Garden	Village	Nursi	ng Home	Housewife	WORKING LIFE)	INDUSTRY	
33	13a. S	AL RESIDENCE (# NURS STATE aruland	13b. COUN		13c. CITY OR TOW  Baltimo	N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 4509 Woodle		212	06
iner		ATHER'S NAME					15. MOTHER'S MAIDEN NA				
200	m	FIRST		AIDDLE	Parks		E11a	MIDDLE		Bozma	
-0		homas (	G . IN U.S. ARM		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRES	S	DO DIIM.	
e medicol		YES, NO OR UNKNOWN)		WAR OR DATES)	214-18-1		Mrs. Nancy	C. Talley S	ame as		MATE INTERVAL
of cremotion, or		Conditions, if ony, gove rise to imm couse 101, stotin underlying couse	nediote ig the	(b)_	OR AS A CONSEQUE	-					
injury, o	N O	PART 2. OTHER SIGN	WW.	ONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELAYED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN	IN PART 110	,
ows ony	CERTIFICATION	19a. DATE OF OPERA	TION	Hb COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WIN CERTIFYIN	G CAUSES	
Mentol Hy	MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	CAUSE OF DEAT	P. 21e PLACE	.M. MONTH DA .M. OF INJURY	19	21c HOW INJURY OCCUR			COUNTY	STATE
Ith and Jorked	WE	WHILE NOT WH			REET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OR TOW	19	COUNIT	STATE
of Heo		22a I certify that (I) sow the eleceose above (I) (Ve) (c		00	4 100%	85.0	nd that i (my) our) opinion	death occurred on the death	e and hour or	nd from the	couses stated
NT: If Item		22b. SIGNATURE	PIF	Bl	mp			MEDICAL STAFF DIRECTOR PHYSICI	an 🗌	220 DATE	SIGNED
PORTAN		22d PHYSICIAN'S NA Howar		d, M.D.			9618 Belas	ir Rd.		36	Mal
5 3 ≧	230 1	RUPIAL CREMATION	DE MOVAL	122h DATE	123, N	JAME OF C	EMETERY OF CREMATORY	1234 LOCATION			

23c NAME OF CEMETERY OR CREMATORY

Parkwood

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Md.

5-22-85

230 BURIAL, CREMATION, REMOVAL 235. DATE
BURIAL 5-22

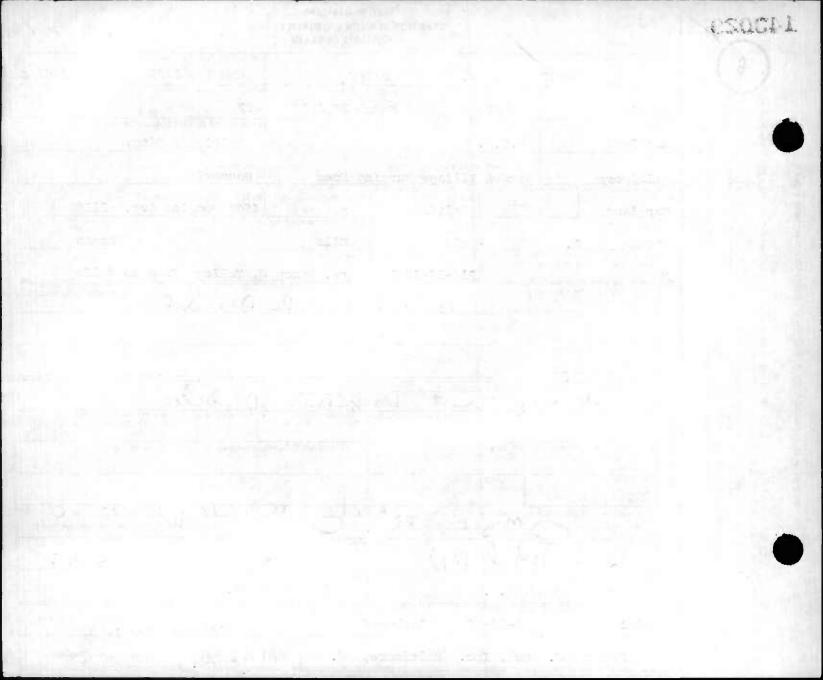
Baltimore Maryland

250 DATE REC'D. BY REGISTRAR'S SIGNATURE

MAY 2 1 1985 in Laurdson-Handelle

STATE

23d. LOCATION CITY OR TOWN



## STATE OF MARYLAND

ठ	5	- 1	4	U	9	6
	REG. NO.					

Q52	1-	FOR STATE REGISTRAR		STATE OF MARYLAND IT OF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH	0 0	409
)		CEASED NAME PHOTO	EDITH MIDDLE E. PIC		REG. NO.  20 DATE OF DEATH MONTH DA	20 11001
00	1.5E)	Female	4. RACE White 5.	DATE OF BIRTH  MONTH DAY  08 15 15	6 AGE (IN YEARS LAST BIRTHDAY)  6 9  YRS.	FUNDER I YEAR IF UNDER 24
26	1111	hode Island	I II C A	MARRIED NEVER MARRIED	BALTIMORE CNT	
38	Mr.CI	BALTIMORE	11. NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADDR SAINT JOSEPHS	RESS)	128 USUAL OCCUPATION  (1798 OF WORK FOR MOST OF WORKING UFF)  HOSTESS — PEIII	12b. KIND OF BUSINESS INDUSTRY ngton's Res
35		TATE OUT	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM	AISSION)  13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE	ACE 2120
130	A. FA	Matthew	C. Goff	15. MOTHER'S MAIDEN NA/	F.	Blake LAST
2	II V	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECURITY VE WAR OR DATES) 216 10 43		erlett, 911 Pine T	2101 rail,Arnold
movai.		PART I. DEATH WAS CAUSE	nly dine couse per line for (a) (b), and (c) ED BY  (JE CAUSE (a)	is remular,	anes	APPROXIMATE INTERVA BETWEEN ONSET AND DE
hen please re la barral, crer jury, or other	NO	couse (D), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUENCE (c)  CONDITIONS CONTRIBUTING TO DEA			N IN PART 100
Z	CERTIFICATION	1% DATE OF OPERATION	196 CONDITION FOR WHICH OPE	ERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
or in the state of		216, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DAY	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM IB PAR	RT I OR PART 2)
h ond My	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM,	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
of toruse is of Healt in 21 is mo		sow the deceosed olive on obove, (1) (we) (did) (did no	ortol) ottended the deceosed from  19  19  19  19		deoth occurred on the date and hour	
or detache		22b. SIGNATURE	a Cecani	DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	1 (31/8.
MPORTA			uter mi).	740,000	Can Dreva Be	elt. Vite
	(	Burial, CREMATION, REMOVAL SPECIFY) Burial		ME OF CEMETERY OR CREMATORY Park Pland Mem. Park	Baltimore Cou	county state anty Marylan
60M 7/B4		UNERAL DIRECTOR	ral Home, Inc. Towso	York Rd.	E REC'D. BY REGISTRAR 256. REGISTR.	Davidson-Harman

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 156102 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN X 1. DECEASED NAME 26 HOUR (TYPE OR PRINT) OF ESTI-E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 77 HOURS I W, PRESTON STREET, James 4. RACE DEATH MATED 5/ 31/19 85 3. SEX DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS. 2 c. DATE 10927 MONTH YEAR LAST BIRTHDAY) PRONOUNCED P DEAD 31/19 85 Male Black 20 59 26 TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED FOREIGN COUNTRYS Baltimore City WIDOWED DIVORCED Maryland

10. CITY OR TOWN OF DEATH D BE FILED, V 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 112h KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

South Baltimore General Hospital Baltimore SHOULD BE JSUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 2120 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore YES Y NO 3230 Gulfport Drive 21225 Maryland URS AFTER DEAT 8. GIVE PAGES WITH FORM PA TI. PAGES 1 AND 2 SH DIVISION OF WITAL R 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MAIDDLE Pilson, Sr. Frances Ross James 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-78-8363 Carlun P. Pilson 3230 Gulport Drive 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c),) APPROXIMATE INTERVAL TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR TO RIDIAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Intravenous Narcotism IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211. LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY AT WORK AT WORK 220. I certify that I took charge of the remains described obave, held an Inspection and in my opinion Natural couses X death resulted fram: Undetermined manner TITLE (SPECIFY) ACTUAL Assistant 6/1/85 SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) Gregory R. Kauffman, M.D. Penn St ADDRESS. 23a BURIAL CREMATION REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION BURIAL 6/5/85 Cedar Hill Cemetery Anne Arundel County. Md. 07/84 25M 24. FUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE 250. DATE REC'D, BY REGISTRAR **DHMH - 17** 1101 E. North Ave. (VR A15 ME (5)) William C. March F/H

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

# FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1		REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO.			
ı		CEASED NAME FIRST	MID	DDLE	L	AST	20 DATE OF D	EATH MONTH	DAY YE	AR 26 HC	OUR
ı	,,,,,	MARY	L	OUSIE	P	INDER	MAY	6, 19	985		М
ı	3. SEX	<	4 RACE		5. DATE C		6 AGE (IN YEAR	ES LAST BIRTHDAY)	MONTHS D	EAR IF UND	ER 24 HRS
ı		Female	Black		MONTH	26 23	1 6	52 YR		ATS HOURS	MIN.
ı		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WE		8			CITY OR COUN		н	
		OUNTRY)	II C	٨	WIDOWE	D NEVER MARRIED DIVORCED XIX	DATT	IMORE (	CITY.		110
4		ryland TY OR TOWN OF DEATH	U.S.		•	R OTHER INSTITUTION	12a USUAL OC			ND OF BUSH	MD. NESS OR
				ACILITY, GIVE STREET A		3 F F F	(TYPE OF WORK FO	OR MOST OF WORKING			
1		ALTIMORE AL RESIDENCE (IF NURSING HOME OF		IVISIO		REET					
	13a S	TATE 136 COUP	VTY I3	3c. CITY OR TOWN	V	136 INSIDE CITY LIMITS?		DRESS / ZIP CO			
ě		ryland		Baltime	ore	YES 🔀 NO 🗌		<u>Divisi</u>	on St.	21	217
ı	14 FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA		WIDDLE		LAST	
2		William		Sessom	S	Manzell			Bal		
1		VAS DECEASED EVER IN U.S. AR		66. SOCIAL SECU		17 INFORMANT		ADDRESS			
ı	(1	res, no or unknown) (if yes, giv	VE WAR OR DATES)	18-18-	8486	William B.	Hunte	r 4008	Duva	1 S+	reet
1		18 CAUSE OF DEATH (Enter or				WIIIIam D.	nunce	1 4000		PROXIMATE IN	
		PART I. DE ATH WAS CAUSE	D BY:	ROBABUE	Pm	MONARY SA	MBous			URS-	
		IMMEDIA.	TE CAUSE (a)	150 1511300	10.	77			1110	000	
				AS A CONSEQUE		LOWARY HUD	WATEN	100	27	HEATS	
		Canditians, if any, which gave rise to immediate	(b) 5 t	SUOPE	1,000	CONTIL PIGE	Cirions	1010	0	Jan J	
		cause (a), stating the underlying cause last.		AS A CONSEQUE		0 11 -11 0 11 0 1	0 00+	21 <	10	HOOK	
		onderlying cause last.	(c) (k	) ( OPATH)	-	britanonals	FUBPAS	700	100	3	
	_	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE (	OR CONDITION	GIVEN IN PAR	Tito	
	CERTIFICATION										
,	CA	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOP	5Y? 20b. IF IN CEI	YES, WERE FI RTIFYING CAU		
	TIE						YES 1	VO[Z]	YES 🗌	NO	2
	E	210. ACCIDENT WAS UNDERLYING	110110 4 44	INJURY MONTH DA	Y YEAD	21c. HOW INJURY OCCUR	RED (ENTER NATU	RE OF INJURY IN ITEM	IS PART I OF PAR	[ 2]	
-	AL	OR CONTRIBUTING CAUSE OF DEA	2111		19						
	MEDICAL	214 INJURY OCCURRED	21e PLACE OF			211 LOCATION		CITY OR TOWN	COUNT	ν.	STATE
	₹	WHILE NOT WHILE	(AT HOME STREET	T, FACTORY, OFFICE, FA	ARM ETC )	SIKEEI		.117 04 10444			31016
		22a I certify that (I) (this hospi	ital attended the	deceosed from_	FEE	19_85	_ to FE	13	19 83	, that (l)	wellast
		sow the deceased alive on	FEB	19_5	35 . or	d that in (my) (our) apinion	death occurred	an the date and	haur and fram	the couses	stated
		obove, (I) (we) (did) (did no 22b. SIGNATURE	it) view the bady at	ter death.		DEGREE	<del></del>		122c. D	ATE SIGNE	D
		Celitarelle	<b>20</b>		٨٨.	ATTENDING	MEDICAL	STAFF	5	19/8	5
		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)		70(	PHYSICIAN [	DIRECTOR	PHYSICIAN		1 2(0	
		C.W. HEND					EE ST.	BACTINOP	OW 3	7120	15
_									- 11.4	212	, ,
		surial, cremation, removal BURIAL	5/10/8	3.5   23c N		EMETERY OR CREMATORY us Memorial	Pic CITY AR	rbutus	COUNTY	Мd	STATE
	1 1		-, -, 0	**	~ ~		T **		,		

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cashould be detached for use as the buriol-transit permit. Then please remove corbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician.

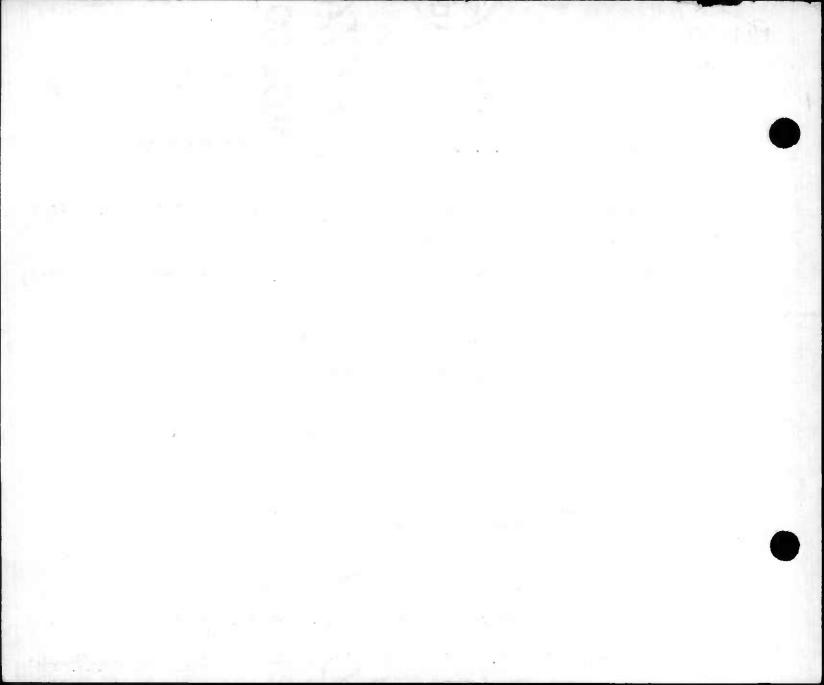
(VRA 15, 4)

Wm C March F/H Inc.  $1101^{\text{DDRESS}}$  North Avenue

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

MAY

Ina Devidson Randelle



		FOR			DEDADTM		E OF MARYLAND IEALTH AND MENTAL	HACIENE	4	1 0	10
	1 -	STATE REGISTRAR Marga	ret Mvr	l Pi			ICATE OF DEATH	HIGIENE	REG. NO.	1 -4	. 0
		EASED NAME FI	RST	M	IDDLE	1	AST	2a. DA	ATE OF DEATH MONTH	DAY YEA	AR 2b HOUR
1	(TYPE	OR PRINT)	RGARE	T	M	PI	STEL		05	/16/85	7:59 P.N
3	3. SEX		4. RACE			5. DATE O		6. AGI	(IN YEARS LAST BIRTHDAY)	MONTHS D	YEAR IF UNDER 24 HRS
		Female		rite			/08/1900			RS.	
5	C	THPLACE (STATE OR FORE)			HAT COUNTRY?		D NEVER MARRIED		TIMORE CITY OR COL		Н
1		aryland		U.S.		WIDOWE	DIVORCED  OR OTHER INSTITUTION		Balto. CIT		MD ND OF BUSINESS OR
0		Balto.	St. No	Agn	FACILITY, GIVE STREET A  HOSPi	DDRESS)	DR OTHER INSTITUTION	(TYPE (	prwork for most of work tired Clerk	ING LIFE INDUS	
20	USUA 13a. S	L RESIDENCE (IF NURSING	OME OR OTHER INSTI	ITUTION C	GIVE RESIDENCE BEFORE	ADMISSION)	113d. INSIDE CITY LIMIT	C2 112 ST	REET ADDRESS / ZIP (	CODE	21228
5	100.0		Baltimor		Catonsvi		YES NO X	30	7 Gralan R	d. Caton	sville, Mo
12	4. FA	THER'S NAME	MIDDLE		1457		15. MOTHER'S MAIDEN		MIDDLE		
201		Clarence	WIDDLE		Kyle		Mary		Irene	На	rdy
1	6a W	AS DECEASED EVER IN L			16b. SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS		21090
1	Y	AS DECEASED EVER IN LES NO OR UNKNOWN)	YES GIVE WAR OR DA	ATES)	212-01-4	506	Helen Cowe	en 53	7 Hawthorne	Rd. Li	nthicum, N
-		18 CAUSE OF DEATH IE		use per l	ine for (a), (b), one	Ic ·	0	0	4-	AP 8ETV	PROXIMATE INTERVAL
		PART I. DEATH WAS	CAUSED BY: MEDIATE CAUSE	(a)		53	Cardiac	Unos	7	^	minules
		Conditions, if any, who gove rise to immedicause (a), stoting underlying cause I	nich lote	(b)	AS A CONSEQUE	NCE OF	Paldemus	lane	ury son	1	mentas
	NO	PART 2 OTHER SIGNIFIC	CANT CONDITIO	NS CO	ntributing to D	EATH BUT	NOT RELATED TO THE	TERMINAL D	isease or condition	GIVEN IN PAR	RT 1ra
7	CERTIFICATION	19a. DATE OF OPERATION	N 19b (	CONDIT	ION FOR WHICH	OPERATIO	ON WAS PERFORMED			IF YES, WERE FI ERTIFYING CAU YES	NDINGS USED USES OF DEATH?
		21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS			INJURY A. MONTH DA	Y YEAR	21c. HOW INJURY OC	CURRED (E	NTER NATURE OF INJURY IN ITE	M 18 PART I OR PAR	RT 2)
7	MEDICAL	(IF EITHER NOTIFY MEDICAL E	$\overline{}$	P.A	A. OF INJURY	19	21f LOCATION				
	WE	WHILE NOT WHILE AT WORK	(AT H		ET, FACTORY, OFFICE, FA	ARM, ETC )	STREET	_	CITY OR TOWN	COUNT	Y STATE
		22a.   certify that (1) (thi saw the deceased a abave, (we) (did)	live an	_ 5	16 19 8	5,0	> 16 , 19 0 and that in (24) (aur) api	nian death c	occurred an the date an	d have and fram	that <del>et</del> ) (we) last in the causes stated
		22b. SIGNATURE	× 9 m	Ren	MO		DEGREE ATTENDIN PHYSICIA	NG MED	DICAL STAFF CTOR PHYSICIAN [	22c. C	S/17/85
7		James Nola		OL	AN		270 ADDRESS Molare	Hill	Rel 1300	o me	12239
'	{	URIAL, CREMATION, REA	5/	20/8	35 Lo	udon	Park Cemete		Baltimore	Maryla	and
		NERAL DIRECTOR 1630 oy M. & Russel				lle, l	Md. 21228 25a	MAY 2	D. BY REGISTRAR 25b. RI		MATURE MANDELL

E got meden to.

requires that the death certificate be executed within 24 hours after

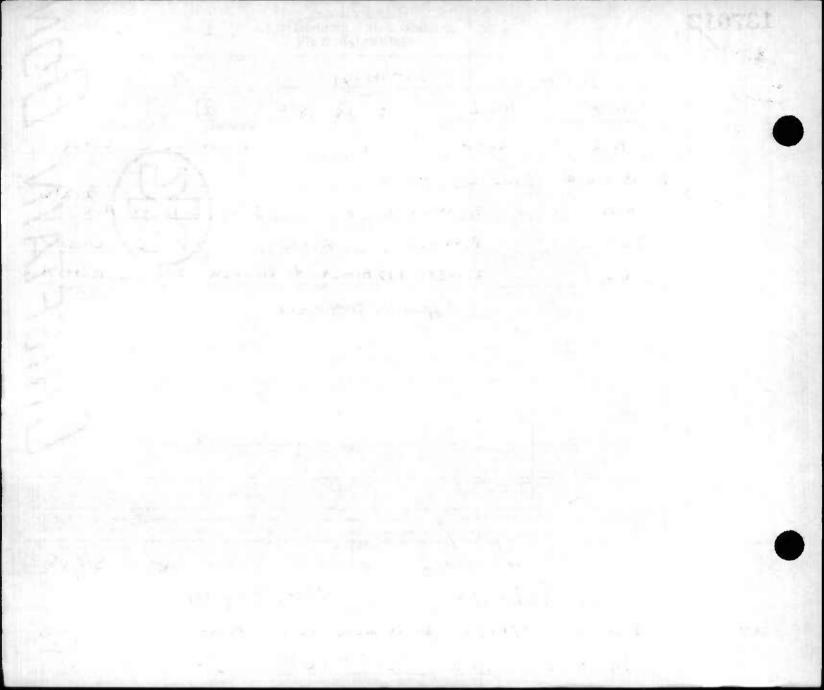
TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEC NO					

5	1 00	REGISTRAR CEASED NAME FIRST	MIDDLE	CERTIFIC		REG. N			
		CEASED NAME FIRST DOICE	19	Pitter	nan	20 DATE OF DEATH	5 - 9 -	YEAR 26. HOU	130 PM
	3. SE.	* female	1 RACE black	5. DATE OF	BIRTH IS 1894	6 AGE (IN YEARS LAST BIR	RTHDAY) IF UNI	DER TYEAR IF UNDER	MIN.
20		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUN	MARRIED	□ NEVER MARRIED □	9 BALTIMORE CITY O		DEATH	
0	10 C	N . C.	11. NAME OF HOSPITAL, N	WIDOWED		Balti		City	MD
7			(IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	OTHER INSTITUTION	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O		NE KIND OF BUSINE NDUSTRY	ESS OR
1	JUSU.	AL RESIDENCE (IF NURSING HOME C						2121	1/2
5	13a. S	MO 136 COU			36 INSIDE CITY LIMITS? YES NO [	3009 W	ZIP CODE	Ave,	
	14 FA	THER'S NAME	MIDDIE IAS		5 MOTHER'S MAIDEN NAM	ME		LAST	
C		Jesse	6:44		Rosa			in case	24
1			WE WAR OR DATES		Almata 8.	ADDRE		Dolcott	AJ
		NO	inly one couse per line for (a), (l		71111112102	O. CITCH	3001	APPROXIMATE INTER	RVAL
		Conditions, if ony, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	SEOUENCE OF					
	TION	gave rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	(c) CONDITIONS <u>CONTRIBUTING</u>	SEQUENCE OF					
2	TIFICATION	gave rise to immediate couse (a), stating the underlying couse last.	(c)	SEQUENCE OF		INAL DISEASE OR CONI	20b. IF YES, WE	N PART TO RE FINDINGS USEE G CAUSES OF DEAT NO	H2
29	CAL CERTIFICATION	gave rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING  19b. CONDITION FOR W  21b. TIME OF INJURY HOUR A.M. MONTH	SEQUENCE OF		200 AUTOPSY? YES NOW	206. IF YES, WEI IN CERTIFYING YES [	RE FINDINGS USED CAUSES OF DEAT NO	H2
29	MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	CONDITIONS CONTRIBUTING  19b. CONDITION FOR W  21b. TIME OF INJURY HOUR A.M. MONTH	G TO DEATH BUT N  HICH OPERATION  H DAY YEAR  19	WAS PERFORMED	200 AUTOPSY? YES NOW	20b. IF YES, WE IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEAT NO DR PART 2)	H2
29	1	gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE AT WORK NOTIFY MEDICAL EXAMINE NOTIFY MEDICAL EXAMINE SOW the deceosed blift of sow the deceosed blift of sow the deceosed blift of the country of the coun	CONDITIONS CONTRIBUTING  19b CONDITION FOR W  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, O	G TO DEATH BUT N  WHICH OPERATION  H DAY YEAR  19  OFFICE FARM ETC.)	WAS PERFORMED  210. HOW INJURY OCCURR	200 AUTOPSY?  YES NO NO  NED (ENTER NATURE OF INJUIT  CITY OR TO	20b. IF YES, WEI IN CERTIFYING YES	RE FINDINGS USEE CAUSES OF DEAT NO COUNTY S that (I) (v	H?
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29	1	gove rise to immediate couse to), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CHIEF CAUSE OF D	CONDITIONS CONTRIBUTING  196 CONDITION FOR W  216. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, O	TO DEATH BUT N  WHICH OPERATION  H DAY YEAR  19  OFFICE FARM ETC.)	211. LOCATION STREET  , 19 that in (my) (our) apinion of GREE  ATTENDING	20a AUTOPSY?  YES NO NOTED (ENTER NATURE OF INJUIT  CITY OR TO  depth occurred on the do	20b. IF YES, WEIN CERTIFYING YES  NEY IN ITEM 18 PART 1 CO	RE FINDINGS USED CAUSES OF DEAT NO COUNTY South of the courses steel from the course steel from the courses steel from the course steel from the courses steel from the course steel from the	H?

DHMH - 16 60M 7/84 (VRA 15, 4)



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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250 DATE REC'D. THE STRAND AND THE S

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	CEASED NAME LOTT	IE MAE	PITTMAI		30, 85 630pm
3. SE	Em ele	White !	5. DATE OF BIRTH	6. AGE INVENTION BETTY	WOMEN DAYS HOURS MIN.
(	Lu Sinea		MARRIED NEVER MARRIED !	1 Walter	nino City MO
3	allinos	1. NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	(199 OF BOOK FOR MOST OF	MORENGINET INDUSTRY Lowe
180	AL RESIDENCE IN MURING HOME OR OF STATE		YES NO	1141 W.	2 mband It - rus
14. F		000 1ASI	15. MOTHER'S MAIDEN	unham	<b>)</b>
	WAS DECEASED EVER IN U.S. ARMI YES, NO OR UNKNOWN) (IF YES, GIVE V	ED FORCES? 166. SOCIAL SECURI WAR OR DATES) 218-12-204	18 D4 Levan	Martin 114	11 W. Lombard H
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		Vascular A.	mest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NOI	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR ASA CONSEQUENT  (b) ASC UN  (b) ASC UN  (c) RESENT  ONDITIONS CONTRIBUTING TO DE	Sepsis	erminal disease or cond	ITION GIVEN IN PART 110
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WAS PERFORMED	20a AUTOPSY? YES NO	20b, F YES, WERE FINDINGS USED OF CERTIFYING CAUSES OF DEATH? YES \( \subseteq \text{NO} \subseteq \text{NO} \subseteq \text{NO} \subseteq \text{NO}
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED  WHILE NOT WHILE ALL WORK ALL WORK	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARI	YEAR 19 21F LOCATION STREET	URRED (ENTER NATURE OF INJURY	
	22e I certify that (I) (this hospito sow the deceased alive on above, (I) (we) (did) (did not) 22b. SIGNATURE  A	view by body ofter death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	
	A. I. BAYK	ALER, MD	831 Pop	far grove	St. Battimera
230	BURIAL, CREMATION, REMOVAL	236. DATE 6-3-19 PS 23c NA	AME OF CEMETERY OF CREMATOR	RY 23d CALON	COUNTY JUANS

1 21223

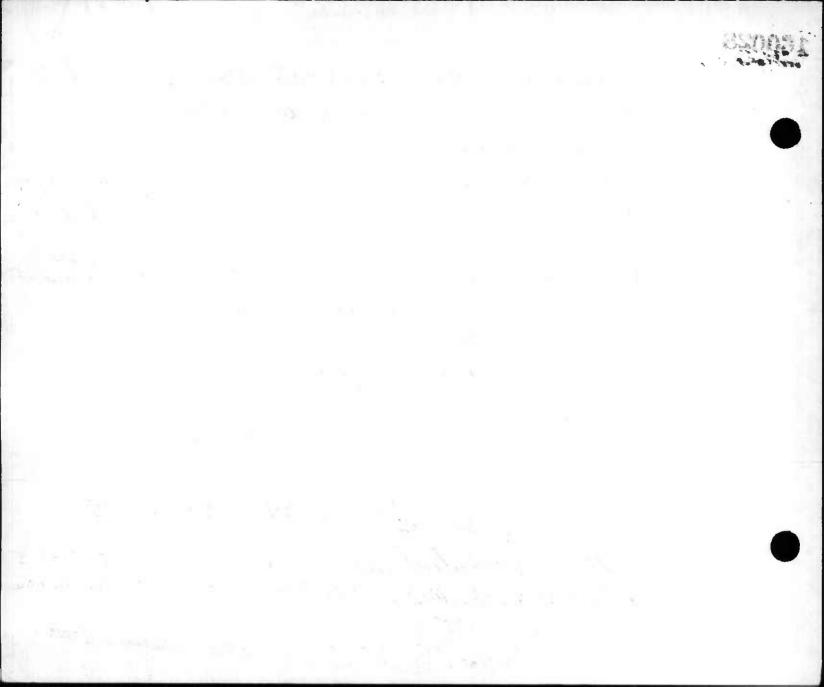
DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital ai attending physician

IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, arather traumatic event, the medical TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS.

## STATE OF MARYLAND

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oge 3 deoth		CEASED NAME OR PRINT)	uther	Pittr	nan	May 14,		26. HOUR 9:00A M
ctor pog s ofter de	3. SE	Male	4 RACE	5. DA	TE OF BIRTH	6 AGE JIN YEARS LAST BIR	RTHDAY) IF UNDER I	
unerol dire		RTHPLACE (STATE OR FO	76 CITIZEN OF	what country? 8 MAR WIDO	RIED NEVER MARRIED DIVORCED	Baltil	DR COUNTY OF DEAT	by MD.
1	E	2/timor	Churc	HOSPITAL, NURSING HOA THE FAGILITY, GIVE STREET ADDRESS!	Spital	12a ÚSUAL ÓCCÚPAT (TYPE OF WORK FOR MOST O	OF WORKING LIFE) INDU	IND OF BUSINESS OR STRY Cel-Cas
J) 85	13a S	Nd.	NG HOME OR OTHER INSTITUTION	Baltinor			ZIP CODE	Ave. 21205
omplete ond 2		THER'S NAME FIRST ZIN KNO	MIDDLE	IAST	15. MOTHER'S MAIDEN NA	MIDDLE	Kill	ibrew
on and c	100	(AS DECÉASED EVER II ES, NO OR UNKNOWN) YES	N U.S. ARMED FORCES?  [IF YES, GIVE WAR OR DATES]  W. W. TI	2/3-07-3624	- Mrs. Naors	i PittMan		SNWOOD AV
physicia on papers emovol. '		PART I. DE ATH WA	I (Enter only one couse per AS CAUSED BY: IMMEDIATE CAUSE (o)	line for (a), (b), and (c)	diopulmonary			PPROXIMATE INTERVAL WEEN ONSET AND DEATH
attending ave carbi		Conditions, if ony,	which ( (b)	RAS A CONSEQUENCE O Seizures,	Alzheimer's	disease,	Fever	
d by the eose rem ol, cremo		gove rise to imme couse (a), stating underlying couse		rasaconseouence o Diabetes n	nellitus, Hyp	pertension	n	
the signed Then plant to burn injury, o	TION	PART 2 OTHER SIGN	ificant conditions <u>co</u>	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	IDITION GIVEN IN PA	RT 1(o
on. hos bee t permit ene prio	TIFICAT	19a DATE OF OPERATI	ION 196 COND	ITION FOR WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY? YES NO X	20b. IF YES, WERE F IN CERTIFYING CA YES	

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED NOT WHILE

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 21e. PLACE OF INJURY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION STREET CITY OR TOWN

COUNTY STATE

sow the deceased olive on MXX May obove, (I we) (did) (did not) view the body ofter death

DEGREE

ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN D

May

and that in (my (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Mukesh Luhar, M.D.

22a. | certify that (1) (tais hospital) attended the deceased from\_

22e. ADDRESS Church Hospital

85

100 N. Broadway, Balto, MD 21231

230 BURIAL, CREMATION, REMOVAL

23b. DATE

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR.

BP.

old be detached for the State Dept. of

morked or Item 18

If Item 21

IMPORTANT.

MEDICAL

E CENTRAL SE

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The water of the second 
155081

FOR

- STATE

REGISTRAR

MPORTANT: shoul 0 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Baltimore, Maryland Arbutus Memorial Park 5/29/1985 Burial 2501 Gwynns Falls Parkway 250. DATE REC'D. BY REGISTRAR 186, REGISTRAR'S SIGNATURE 18. 24 NUMBER PRESONS DHMH - 16 50M 4/82 MAY 3 Funeral Home, Inc. Baltimore, Maryland 21216 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

176. KIND OF BUSINESS OR

Overle Catering

IF UNDER 24 HRS

IF LINDER LYEAR

INDUSTRY

Johnson

APPROXIMATE INTERVAL

NO I

STATE

Hanlon

YES [

COUNTY

TIL DATE SIGNED

Harry Land Baiter Overla Cotarin colties, id, 2171 A thoras มือ กรอก Tilowen Ctivey all Henlen Avenue 215-18-2897 Jr. J. 112 rt Pitts Blingre, N. 21215

buris | / P/1985 | Phitter Condition | Nutter & Sons | 2.01 Gaynns Palls | France | France | France | 1.02 | 1.02 | 1.03 | 1.04 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05

Beltimon., Am 1 and

3081	1-	STATE REGIST

mpletely filled in by feet luteral disand 2 should be filed - thin 72 has

within 24 haurs af

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital ar attending physician.

injury, ar other traumatic event, the

should be detached for use as the burial-transit permit. Then please remove a with the State Dept. af Health and Mental Hygiene prior to burial, cremation, TO FUNERAL DIRECTOR: After this certificate has been signed by the

IMPORTANT: If Hem 21 is marked or Hem 18 shaws any

# STATE OF MARYLAND

3	No.	
	3	
nde.	-	

1.	- STATE REGISTRAR			DEP		ICATE OF DEATH	JIENE 2	REG. N	10.	44	1 0 0
	CEASED NAME	FIRST	A	AIDDLE	l	AST	2a. DATE O		MONTH	DAY YEAR	26 HOUR
(TYP)	E OR PRINT)	MEY	ER	C.	PI	LOTKIN	MAY	Y 15.	1985		10:39 M
3.56	X	4.	RACE		5. DATE C		6 AGE (IN			IF UNDER 1 YEAR	
	MALE		WHITE		DEC	25, 1909		75	YRS	MONTHS DAYS	HOURS MIN.
70 B	IRTHPLACE   STATE OR FO	REIGN 7b	CITIZEN OF	WHAT COUN		NEVER MARRIED				TY OF DEATH	
10 C	ITY OR TOWN OF DEAT	Н 11				OR OTHER INSTITUTION	12a USUAL				OF BUSINESS OR
	BALTIMORE		5942	CROSS	COUNTRY	BLVD.	EXI	ECUTI	VE SA	LIFE) INDUSTRY	
	AL RESIDENCE (IF NURSIN STATE MARYLAND	36 COUNTY		BALTIM		134 INSIDECITY LIMITS?	13 e STREET 5942	ADDRESS CROS	s zip sou	NTRY BL	VD. 21215
14. F/	ATHER'S NAME ABRAHAM	MIC	DDLE	PLOTKÎ	N	15 MOTHER'S MAIDEN NA	ME	WIDDLE		_ LA	s1 0C/C
	WAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARME			3-3191	17. INFORMANT MRS	S. MARY DUNTRY				21215
NO	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause in its stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)						o				
CERTIFICATION	19a DATE OF OPERATION	ON	19b. CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTO	OPSY?	IN CERT	ES, WERE FINDI	NGS USED S OF DEATH?
MEDICAL CER	21g. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d INJURY OCCURRE	USE OF DEATH	P./ 21e PLACE (	M. MONTH M. DF INJURY	19	21c. HOW INJURY OCCUR	-	ATURE OF INJU	JRY IN ITEM 18		
¥	AT WORK NOT WHILE				OFFICE, FARM ETC	STREET		CITY OR TO			STATE
	27a. I certify that (I) (1 sow the deceased above, (I) (we) (die 27b. SIGNATURE	alive on			_19, or	nd that in (my) (our) opinion DEGREE		ed on the d			
	Phul	en S		u m	0'	ATTENDING PHYSICIAN	MEDICAL	STA PHYSI		5/1	6/0
	STEPHEN	GLASS	NER, M	.D.		600 REISTE SUITE 5	RSTOWN 12	RD.	BALT	O., MD	21208
23 <b>o</b> 1	BURIAL, CREMATION, RI		MAY 17	,1985		YOUNG MEN	23d. LOC.	ALPYM	ORE	COUNTY M	ARY LAND

21215

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

G BROS., INC.
BALTO., MD 24 FUNERAL DIRECTOR SOL 6010 REISTERSTOWN RD.

DATE REC'D. BY REGISTRAR'S SIGNATURE AND A 2 1

18
154084
19400x

FOR - STATE REGISTRAR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH

PLUMMER 5. DATE OF BIRTH

2 "	à	23
23		4

IENE	O	2		1	-	Ē	U	-
		REG. N	10.					
20 DA	TE OF	DEATH	MONTH	DAY		YEAR	Zb HOL	IR
M.	AY :	27,	1985				12:0	6a M
6 AGE	I IN YE	ARS LAST B	IRTHDAY)	IF I	INDE	RIYEAR	IF UNDER	24 HRS
	58	3	V.P.	MON	11115	DAYS	HOURS	MIN,

CEASED NAME	FIRST	MIDDLE	
PE OR PRINT)	LEONARD	H .	
× M	4. F	Black	
COUNTRY)	TE OR FOREIGN 76	CITIZEN OF WHAT COUN	TRY?
ASN.	D.C.	NAME OF HOSPITAL NIL	DCI

9 BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED

YES X

BALTIMORE CITY TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

126 KIND OF BUSINESS OR

BALTIMORE		
USUAL RESIDENCE (IF NURS	136 COUN	

ummer

MARYLAND GENERAL HOSPITAL

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

15. MOTHER'S MAIDEN NAME

10012

FIRST ames 16n WAS DECEASED EVER IN U.S. ARMED FORCES?

17 INFORMANT

NO [

CERTIFICATION

14 FATHER'S NAME

(IF YES GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),

ALIDIDI E

13e STREET ADDRESS / ZIP CODE

3206

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMMEDI	ATE CAUSE (0)	Squamous	Cell	Carcinoma	of	the	lung
	DUE TO,	OR AS A CONSEQU	JENCE OF				
Conditions, if any, which gave rise to immediate	(b),						
couse (0), stating the underlying couse last	DUE TO,	OR AS A CONSEOU	JENCE OF				

PART I. DEATH WAS CAUSED BY

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	1706. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH		
and the least the		YES NO	YES [	NO 🗌		
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCU				
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR	TOWN COUNTY	STATE	
	Mars	7.5 0	E . Mars	27 10 05		

20.1 certify that X7 (this haspital) attended the deceased from	May	15.	, 19	85	, to Mau	27.	1985	, that 16- (we) l
20.1 certify that X (this hospital) attended the deceased from saw the deceased alive an May 27,	85	and that in (					d hour and from th	

DEGREE

PHYSICIAN

MEDICAL DIRECTOR PHYSICIAN

22e ADDRESS

MARYLAND GENERAL HOSPITAL

230 BURTA CREMATION, REMOVAL	2
DURIAL	l.

22b. SIGNATUR

DHMH - 16 60M 7/84 (VRA 15, 4)

0

investorii — — ili jii ke

### FOR - STATE REGISTRAR

DECEASED NAME

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5	
REG. NO.	

20. DATE OF DEATH MONTH

Georges Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DAY

M'd.

26. HOUR

6 th 3	LITPE	I I	ester		Mè.	Poe			5	7 85	6:02	2 Ar
Vo	3. SEX	Male	4. RACE	Black	5. DATE OF	DAY	YEAR 16	AGE (IN YEARS LAST B	IRTHDAY) YRS.	MONTHS DAYS	IF UNDER 2-	MIN.
A Show	No	RIHPLACE (STATE OR FOR COUNTRY) Orth Carol TY OR TOWN OF DEATH	ina	U.S.A.	MARRIED WIDOWEL	NEVER MARI	CED	Baltimore CITY  Baltimo	or count ore C		F BUSINES	MI S OR
19 44		Baltimore	e (IF NOT Un	in such facility, give street a	ial F			(TYPE OF WORK FOR MOST		IPE) INDUSTRY		
filled in hould be	130. S M a	ryland	b COUNTY	UTION GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Baltim	ore			5004 St		/C	2121: Aveni	
completely and 2 sh	14. FA	THER'S NAME George	MIDDLE W.	Poe		15. MOTHER'S MA Blar		MIDDLE		Marti	n	
Poges Poges		VAS DECEASED EVER IN VES NOOR UNKNOWN)	U.S. ARMED FORC IF YES, GIVE WAR OR DA	TECL		Lillie	A. P	oe 5004				
ed by the attending physical ease remove carbonpoperial, cremotion, or remove or other froumotic event,		PART I. DEATH WAS IN  Conditions, if any, we gave rise to immedicate to immedicate to indicate the course of the c	CAUSED BY: IMEDIATE CAUSE (  DUE T  thich the the lost.	O, OR AS A CONSEQUE  O, OR AS A CONSEQUE  CO, OR AS A CONSEQUE	NCE OF PAULO NCE OF Change	s: septil vs.	CUA vs.				MATE INTERV ONSET AND D	
t. Then por to bu	TION		611	NS CONTRIBUTING TO E								
the berminene pri	CERTIFICATION	19a DATE OF OPERATIO	IV 196. C	ONDITION FOR WHICH	OPERATION	WAS PERFORME	:D	200 AUTOPSY?	IN CERT	ES, WERE FINDIN IFYING CAUSES ES []		!?
ter this certificates the burial-trans hand Mental Hyg	MEDICAL CERT	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	EXAMINER)  HOU  EXAMINER)  71e. PL  (AT HO	ME OF INJURY IR A.M. MONTH DA P.M.  ACE OF INJURY ME, STREET, FACTORY, OFFICE, F.	19	21f LOCATION STREET	Y OCCURRE	D (ENTER NATURE OF IN)		PART I OR PART 2)  COUNTY	STA	ATE
L DIRECTOR: Afi		220.1 certify that (1) (the saw the deceased above, (1) (we) (did 22b. SIGNATURE	alive an	5/2 19 8 body after death		EGREE ATTER	NDING	, to eath accurred an the  MEDICAL ST. DIRECTOR PHYS	AFF	22c. DATE		
FUNERAL IN THE STOTE		Dr. Gai				22e ADDRESS		norialM F	7		/**	

MIDDLE

DHMH - 16 50M 4/83 (VRA 15, 4)

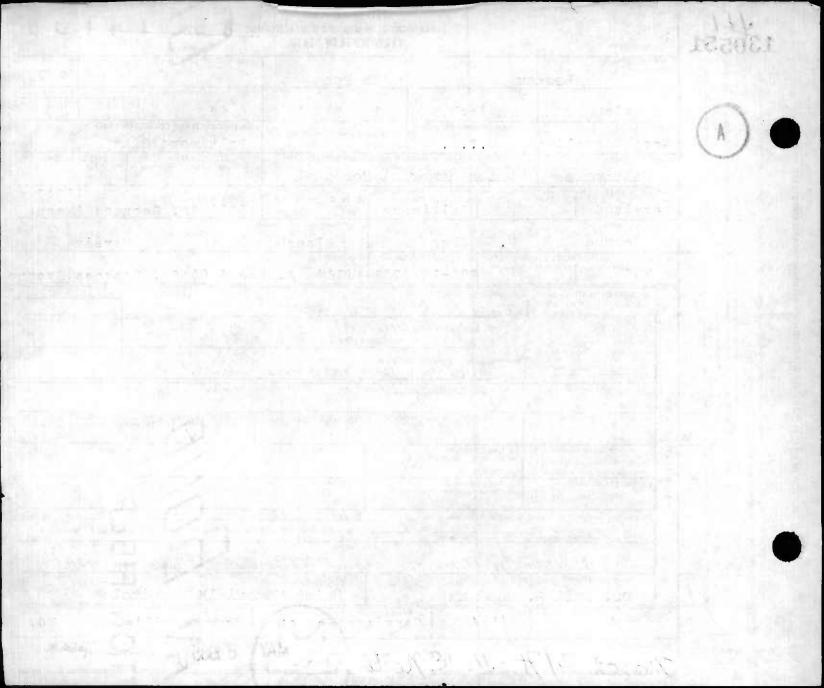
24 FUNERAL DIRECTOR

BURIAL CREMATION, REMOVAL

1101 E North Avenue Wm C March F/H Inc.

2365710/85

23. NAME OF CEMETERY OR CREMATORY 23d LOCATION
Garrison Forest VA OWYNG'S Mills Owner



# STATE OF MARYLAND

DEPARI	WEIAI	OF HEALI	H AND	WELLIAL	ni	GENET
MEDICAL	EXAM	AINER'S	CERTI	FICATE	OF	DEATH

-	4	1	U	7
0	NO			

T DE	STATE REGISTRAR			DICALI			ND MENTA	OF DEA	TH	REG. NO		3	0 ,	-3
	CEASED NAME OR PRINT)	E FIRST		WIDDLE		LAS	ľ		Or	KNOWN X	MONTH		YEAR	2b. HC
		DAVID				POL			DEATH	MATED _	5	27	19 85	
3. SEX		4 RACE	S. DATE OF BIRTH	YEAR	6. AGE (IN YEAR: LAST BIRTHDAY)		DAYS HOURS	ER 24 HRS.	PRONOUN	ICED	MONTH	DAY	YEAR	2d H0
ma]		white	June 1,1	L964	20 YRS	5.			DEAD		5	27	19 85	1:
FO	RTHPLACE (S REIGN COUNTRY)		76 CITIZEN OF W	HAT COUN		MARRIED WIDOWED	NEVER MA			ore city of .more (	_	TY OF E	DEATH	
	TY OR TOWN	OF DEATH	II. NAME OF HOS	SPITAL, NUI						PATION (TYPE			ND OF BU	
P	altimo	re	Univers			l (STU	1		ostorwor e fi			1	RINDUSTR	
USUA	AL RESIDENCE	I IF IN NUF I NO HOME	OR OTHER INSTITUTION, GI	WE RESIDENCE	BEFORE ADMISSION	N)						COI	nstru	CLI
	ryland	Balt:	imore		or town ethorpe		INSIDE CITY LIMITS	13e. STR	22 Me	ss adowla:	rk D	r I	21227	
-	ATHER'S NAM			11001	Jarozpo	15.	MOTHER'S MA				LK D			
GAI	y Pole	n	MIDDLE		LAST	N	lary Kas	inski	M	IDDLE			LAST	
16a. V	VAS DECEASE	DEVER IN U.S. AR	MED FORCES?	16b. SOC	IAL SECURITY		INFORMANT	1110111		ADDRESS				
no	ES, 140, OR 014K14	(IF TES, GIVE	WAR OR DAYES?			I	rs. Lau	ra Po	len	1122 Me	eado	wlar	rk Dr	ive
>	18 CAUSE C	OF DEATH (Enter on	nly one cause per line	far (o), (b)	, and (c),)						000	AF	PPROXIMATE	INTERV
N	PART 2 DINER S	IGNIFICANT CONDITIONS	(c)	BUT NOT RELA	TED TO THE TERMINA	IAL DISEASE DR	CONDITION GIVEN IN	PART 1 (a)						
ATIO	190. DATE O	OPERATION	19b. CONDI	TION FOR Y	WHICH OPERA	TION WAS	PERFORMED?					20 A	AUTOPSY?	,
													YES 😿	NO
IFIC		ALCALISE MAC	21b. TIME OF			Ta1. 11014	INTUINY OCCUP						20 90	
L CERTIFIC	210. EXTERN	S KOR	7 1		DAY YEAR					URY IN ITEM 18 P.				
DICAL CERTIFIC	UNDERLYING CONTRIBUT	G ROR	DEATH 3:08x	x 5-2	7- 19 85	Oper	ator of						ntro	1.
MEDICAL CERTIFICATION	UNDERLYING CONTRIBUT	G ROR	DEATH 3:08x	5-2 OF INJURY TORY, FARM, ET	7- 19 85	Oper	ator of	motor	Cycle	that	los	t co		51
MEDICAL CERTIFIC	UNDERLYING CONTRIBUT	G DOR ING CAUSE OF OCCURRED	DEATH 3:08x	x 5-2	7- 19 85	Oper	ator of	motor	Cycle	that	los	t co		5
MEDICAL CERTIFIC	UNDERLYING CONTRIBUT 21d INJURY WHILE AT WORK	G ROR ING CAUSE OF OCCURRED NOT WHILE 8	DEATH 3:08x	DE INJURY TORY, FARM, ET Dad	7- 19 85 (AT HOME, IC)	Oper III LOCAL STREE Oak la	nd Rd.	motor	Cycle	that	los	t co		5
MEDICAL CERTIFIC	UNDERLYING CONTRIBUT 21d INJURY WHILE AT WORK	G ROR ING CAUSE OF OCCURRED NOT WHILE 8 AT WORK 8	DEATH 3:08x 21e PLACE ( STREET, FAC	or 5-2 of Injury tory, farm, et ad	7- 19 85 (AT HOME, IC)	Oper Til Local STREE Oakla	ator of	motor	crycle	that	los:	t co		5
MEDICAL CERTIFIC	UNDERLYING CONTRIBUT 21d INJURY WHILE AT WORK 270 I cert death result	G ROR ING CAUSE OF OCCURRED NOT WHILE 8 AT WORK 8	DEATH 3:08x  71e PLACE ( STREET, FAC  TO	DE INJURY TORY, FARM, ET Dad	7- 19 85 (AT HOME, IC)	Oper 211 LOCAT STREE Oakla Autopsy	ator of	motor	crycle city or too Ruby I Inquiry ermined mo	that  Rd.  Inner [],	los: Ba	t co		S
MEDICAL CERTIFIC	UNDERLYING CONTRIBUT 21d INJURY WHILE AT WORK 220 I cert death result	G ROR ING CAUSE OF OCCURRED NOT WHILE 8 AT WORK 8	DEATH 3:08x  71e PLACE ( STREET, FAC  TO	DE INJURY TORY, FARM, ET Dad	7- 19 85 (AT HOME, IC)	Oper 211 LOCAT STREE Oakla Autopsy	ator of	motor	crycle city or too Ruby I Inquiry ermined mo	that  Rd.  Inner [],	los: Ba	t co		ST
	UNDERLYING CONTRIBUT 21d INJURY WHILE AT WORK 220 I cert death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI	S OR  NG CAUSE OF  OCCURRED  NOT WHILE 8  AT WORK 8  ify that I took chorged from Notwell  NAME AND	DEATH 3:08x 21e PLACE of STREET, FAC TO ge of the remains des	SE 5-2 DE INJURY TORY, FARM, ET DAG Scribed obo Accident	77— 19 85 (AT HOME, TC) ve, held an	Oper 211 tocal STREE Oakla Autopsy	nd Rd.    Inspection	motor near F tion Under	CCYCLE CITY OR TOT RUBY I Inquiry ermined mo	that  Rd.  Inner [],	los Be d in my a	t co	-28-8	S
23e. Bl	UNDERLYING CONTRIBUT 21d INJURY WHILE AT WORK 220 I cert death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI	G OR  NG CAUSE OF  OCCURRED  NOT WHILE 8  AT WORK  If y that I took chord ted from Natural	DEATH 3:08x 21e PLACE of STREET, FAC TO ge of the remains des	ox 5-2  OF INJURY TORY, FARM, E1  OAC  Accident  1, M.D.  23c. N.	77— 19 85 (AT HOME, TC) ve, held an	Oper 211 Local STREE Dakla Autopsy	ator of ION INDICATE OF THE CONTROL	motor near F tion	CCYCLE CITYORTON RUBY I Inquiry Ermined mo ICALEXAN St., CCATION ROBRIOWN	e that	los Be din my a	t co	28-8! 201	S

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

**DHMH - 17** 

(VR A15 ME (5))

Ambrose Funeral Home 1328 Sulphur Spring Road



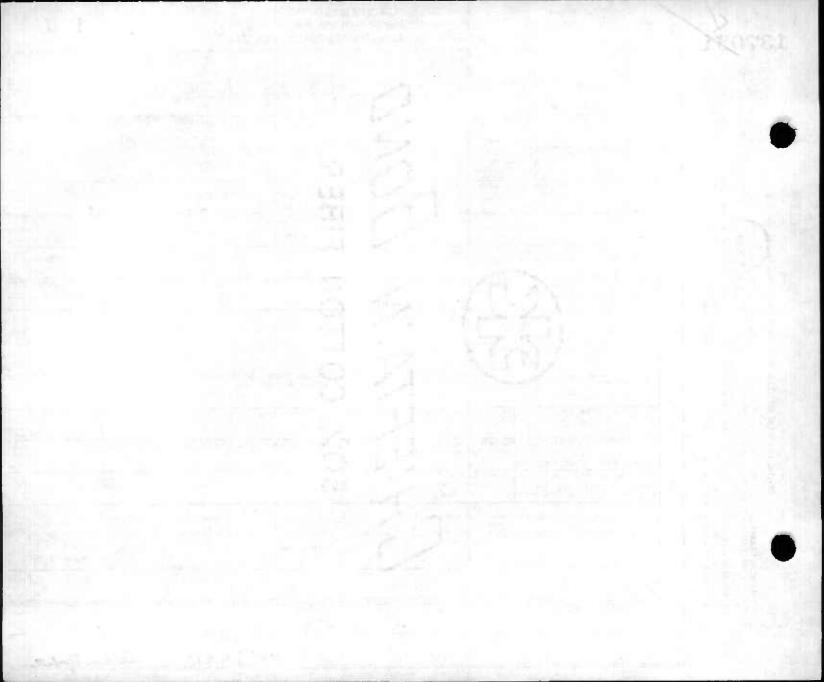
137081

1 - STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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ē	-	3	•	

		CED ALAM	- FI	IRST											
	DECE/	SED NAM		IK\$1		MIDDLE		LAST			20 DATE KI	NOWN TO	MONTH	DAY YEAR	2b.
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3. 5	EX		4. RACE	5. DA	TE OF BIRTH		6 AGE IN YEAR	IF UNDER 1		ER 24 HRS.	2c. DATE		MONTH	DAY YEA	2d
F	em	ale	Blac	k 6	_	15	69 YRS	ALOIGITIS DA	YS HOURS	MIN	PRONOUNC DE AD	ED	5	12 1985	7
_			TATE OR		TIZEN OF W			9			9. BALTIMO	PE CITY OP			
₹.	FOREIC	VA COUNTRY)						MARRIED X		_		_			
		OR TOWN	OF DEATH			JSA		WIDOWED L	DIVO			imore			
					NOT IN SUCH FA	ACILITY, GIVE S			TITUTION		MOST OF WORKIN		F WORK	OR INDUS	
5		Balti			Unive	rsity	Hospit	al							
	STAT	F		HOME OR OTHER	INSTITUTION, G	113c CITY	OR TOWN	13d IN	IOE CITY LIMITS?	Ise STE	REET ADDRESS	s		2122	3
		MD			The state of the s	Bal	timor	e YES				Lomb	ard	St.	
14.	FATH	ER'S NAME		MIDDI	,			15 M	OTHER'S MAI	DEN NAMI	F				-
9	S	am		MIDDI		quare	LAST		Heste	г	MIDE	)lt		LAST	
160	WA:	DECEASE	EVER IN U.	S. ARMED FO	DRCES?	16b. SOC	CIAL SECURITY		ORMANT			ADDRESS	-11		
	(YES, N	O, OR UNKNO	WN) (IF YE	S, GIVE WAR OR	DATES)	225	_18_0	712 50	adro	Doo	1500	1			-
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Menical Central Annual Manager Annua	21 Ut CC	gave ricause (a) lying cau  RT 2 OHMER SI  DATE OF  EXTERNA  DERLYING  DITRIBUTION	SHIFICANI CONC  OPERATION  L CAUSE W.  OR  OR  OR  OR  OR  OR  OR  OR  OR  O	DITIONS CONTRIBI	DUE TO, OR  (c)  JTING TO GEATH  196 CONDI  216. TIME O HOUR A.M P.M  216 PLACE	FINJURY A. MONTH A. OF INJURY	DAY YEAR  19 (AT HOME,	TION WAS PER	FORMED?				RT FOR PART	YES 🗆	
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MEDICAL CERTIFICAL	21 Ut CC 21 W A	gove ricouse (a) lying could represent the state of the s	OPERATION  CONTROL  OPERATION  CONTROL  OPERATION  OPER	DITIONS CONTRIBI	ULE TO, OR  (c)  UTING TO DEATH  19b. CONDI  21b. TIME O HOUR A.M. P.M.  21e. PLACE  STREET, FAC	FINJURY  A. MONTH  A.  OF INJURY  TORY, FARM, E	WHICH OPERA  DAY YEAR  19 (AT HOME,	TION WAS PER  21c. HOW IN.  21H. LOCATIO STREET	FORMED?	RED LENTER	CITY OR TOWN	, and	COUN	YES  2)	
MONICAL CERTIFICAL	19 21 Ur CC 21 WA	gove riccuse (a) lying cau RT 2 OTHER SI  a. DATE OF  b. EXTERNA  DERLYING  DITRIBUTII  J. INJURY C  HILE  T WORK  22a.   Certileath results	OPERATION  CONTROL  OPERATION  CONTROL  OPERATION  OPER	DITIONS CONTRIBI	ULE TO, OR  (c)  UTING TO DEATH  19b. CONDI  21b. TIME O HOUR A.M. P.M.  21e. PLACE  STREET, FAC	FINJURY A. MONTH A. OF INJURY OF INJURY Scribed abo	DAY YEAR  19  (ATHOME, TC.)	TION WAS PER  21c. HOW IN.  21t. LOCATIO STREET  Autopsy ide	FORMED?  URY OCCURI  Inspect omicide LE (SPECIFY)	ION X	Inquiry Cermined mani	and, and	COUN	YES 122)	ľ
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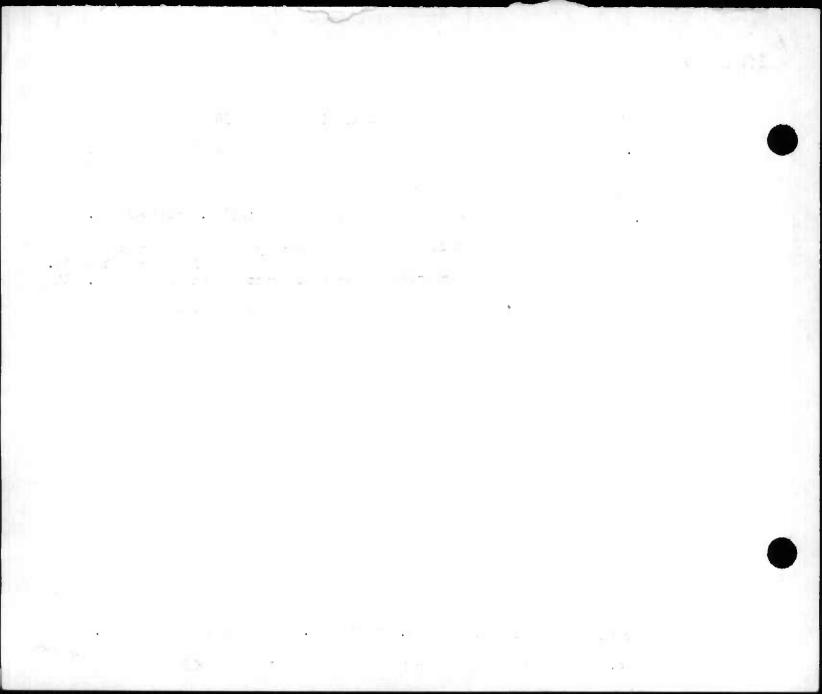
executed within 24 hours ofter death. Page

FOR STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

hom		1 -	STATE REGISTRAR			511	CERTI	FICATE OF DEAT	Н	- 6	REG. N	0.			
1335	54		EASED NAME	FIRST	A	AIDDLE	_	LAST		20 DATE	OF DEATH	MONTH	DAY	YEAR 2	h HOUR
ge 3		(TYPE	ORPRINI) EL	ZAI	BETH		P	RATT				5	28		15)PM
9.0		3. SEX		14	I. RACE			OF BIRTH	rEAR	6 AGE (II	N YEARS LAST BIR	THDAY)	MONTHS		HOURS MIN.
rs of		1	Female		Black		MON	3/3/27	TEAR	5	8	YRS			The state of the s
Dog a	01		THPLACE (STATE OR F	OREIGN 7	L CITIZEN OF	WHAT COUN	TRY? B		IED #	9. BALTIN	ORE CITY O			ATH	
le de	15	C	Md •		USA		WIDOW	ED NEVER MARR		BA	1T11	MOR	C	CIT	TY MD.
by the fur	39	10. CI	ALTIMO	RE 1		HOSPITAL, NU	IRSING HOME	OR OTHER INSTITUT			OCCUPATION FOR MOST C			KIND OF USTRY	BUSINESS OR
filled in b	35	13a S	L RESIDENCE (IF NURS TATE	13b COUNT		GIVE RESIDENCE E 13c. CITY OR Baltin		13d. INSIDE CITY LI YES # NO	IMITS?	13e STREE	T ADDRESS .	ZIP CO	DE ore	St.	223
2 sp	5-7		THER'S NAME					15. MOTHER'S MAI	IDEN NAM	ΛE					
and and	9	)	FIRST	M	IDDLE	Pratt		FIRST	haney	ÿ	WIDDIE	Pr	att	LAST	
70 0	0 /		AS DECEASED EVER		MED FORCES?		SECURITY NO.	17 INFORMANT			541	<b>6</b> J	amest	town	Ct.
Pog C	Medico /	(1	ES. NO OR UNKNOWN)	(IF FES, GIVE	WAR OR DATES	218-22	2-7664	Margaret	Prat	tt	Cator	svil	le, N	1d. 2	21229
g physicion can papers.	event, the		18. CAUSE OF DEAT PART I. DEATH W	H (Enter only AS CAUSED IMMEDIATE	BY:	PAN	CRE:	AT/C	CA	PC	ZINO	MA	В	APPROXIMA ETWEEN ON	ATE INTERVAL ISET AND DEATH
ndin cort	norte				DUE TO, OI	R AS A CONS	EQUENCE OF								
the offeremove	ar Trou		Canditions, if any, gave rise to imm cause (a), statin	nediate	DUE TO OF	R AS A CONS	EQUENCE OF								
by by cr	TIO I		underlying cause	last.	(c)										
n signed Then ple	ulary, o	CATION	PART 2 OTHER SIGN	NIFICANT CO	ONDITIONS <u>CC</u>	ONTRIBUTING	TO DEATH BU	t not related to t	THE TERMI						
of the party of th	2		190 DATE OF OPERA	ION	196 CONDI	TION FOR WI	HICH OPERATI	on was performed	D	200 AU	TOPSY?	IN CER	'ES, WERE TIFYING C YES		GS USED OF DEATH? NO
physics refronts surfaces	9	AL CERTIF	210 ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	AUSE OF DEAT	HOUR A.	M. MONTH	DAY YEA	1	OCCURRE	ED (ENTER	NATURE OF INJU	RY IN ITEM II	8 PARTIOR	PART 2)	
the factor of th	Does of	MEDICAL	21d INJURY OCCUR!	RED	21e PLACE	OF INJURY	FICE FARM ETC )	21f LOCATION STREET			CITY OF TO	DWN	COL	NIA	STATE
TOR AH	10 H HIGH		220 I certify that (1) saw the decease	ed alive on_	5		11	and that in (my) (our)	opinion d	, to leath accu	rred on the d	ate and h	, 19 our and fr		nat (I) (we) last ouses stated
At DIRECTOR of the board detached of the best of the b			obove, (I) (we) (c 22b. SIGNATURE	Ud	80/8	127		PHYS	NDING A	MEDICA DIRECTO	AL STA		220	5/2	J85
D FUNER hoofs be not the St	T K		NISH	AME (TYPE OR	SOF	PEZ	1	BALT O	0 3/0	NOGH	Jan 3/3	16	m	36	d
BP		23a B	urial, cremation, specify) Burial	REMOVAL	23b. DATE 5/6/8	5		burn Cem		Ba	CATION LEIMOI		°Mc		STATE
MH - 16 50M 4/-	83	24 FU	Chas. A.	Rice I	FSPA 13	00 Euta	aw PL		25a. DATE		y registrar 9 1985	25b. REG	STRAR'S S	SIGNATU	enviole

DHMH - 16 50M 4/83 (VRA 15, 4)



may be

poge 3

FOR

# requires that the death certificate be executed within 24 hours after death. Page 4 and 2 should be filed TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and co should be detached for use as the build-transit permit. Then please remove carbon papers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital ar attending physician,

BP.

IMPORTANT: If them 21 is marked or Item 18 shows any injury, ar ather traumatic event, the

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

# DEPAR

STATE OF MARYLAND		 -B	3
TMENT OF HEALTH AND MENTAL HYGIENE,	5	43	3 -
CERTIFICATE OF DEATH			

REGISTRAR			CERTIF	ICATE OF D	EATH	REG. N	0			
. DECEASED NAME FIRST		MIDDLE	l	AST	in the last		MONTH	DAY	YEAR	26 HOUR
THOMAS			PR	ATT			05	15	85	L1:15A
I. SEX	4. RACE		S. DATE C			6. AGE (IN YEARS LAST BIR	THDAY)	IF UND	ER I YEAR	IF UNDER 24 HR
Male	Black	k	12	06	31	53	YRS		DAYS	HOURS MIN
e. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVERA	AARRIED []	9. BALTIMORE CITY O	R COUN	TY OF D	EATH	- 4-
H.S.A.	U.S	.A.	WIDOWE		ORCED [	Baltim	ore	City		٨
Baltimore	(IF NOT IN SUI	HOSPITAL, NURSIN CH FACILITY, GIVE STREET Ernon Car	ADDRESS)			12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST C			DUSTRY	OF BUSINESS O
JSUAL RESIDENCE (IF NURSING HOME 30. STATE 13b. CO		GIVE RESIDENCE BEFORE  13c. CITY OR TOW  Balto.		13d INSIDE C	ITY LIMITS?	13e.STREET ADDRESS . 1100 Bolt	ZIP CO	DE t. 2	1217	
4. FATHER'S NAME FIRST	WIDDLE	DILLAR	D		MAIDENNA FIRST	WE			PR	ATT
WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SECU 214-26-		17 INFORMA JENNIE Pt. S	GROS Chart	S 1112 BO		1 ST	⊌.:A	PT.111
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per SED BY:	r line for (a), (b), an		SPIN		Λ	17		APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
gove rise to immediate couse (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICAN	(c)_		NEW		TO THE TERM	NIN AL DISEASE OR CON	DITION (	GIVEN IN	PART 10	0
190. DATE OF OPERATION  1910. ACCIDENT WAS UNDERLYING	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?	IN CER			NGS USED S OF DEATH?
OR CONTRIBUTION CAUSE OF	DEATH HOUR A	DF INJURY .M. MONTH D. .M.	AY YEAR	21c. HOW IN	JURY OCCURI	RED (ENTER NATURE OF INJU	RY IN ITEM 1	8 PART I O	RPART 2)	
THE STHER, NOTIFY MEDICAL EXAMI  21d. INJURY OCCURRED  WHILE NOT WHILE AL WORK  AL WORK		OF INJURY REET, FACTORY, OFFICE, F		211. LOCATIO STREET		CITY OR TO			OUNTY	STATE
27a I certify that (I) (this has saw the deceased alive above, (I) (we) (did) (did)	on0.	5/15 19	85	715 nd that in (my)	(our) opinion	death accurred on the d	/15 ote and h		from the	
276. SIGNATURE	Alha	llepu	7	100)		MEDICAL STA		2	₹c. DATE	SIGNED
224 PHYSICIAN'S NAME (TYPE)		et		MOV	N7 /	Ermon C	m	200	En	vær
30. BURIAL, CREMATION, REMOV	AL 236. DATE			EMETERY OR		23d LOCATION CITY OR TOWN		cou	NIY	STATE
BURIAL	5 - 21 -	85 WC	DODLA	WN CE	AETA PV	DALTO				

DHMH - 16 50M 4/83 (VRA 15, 4)

14 FUNERAL DIRECTOR

LEROY O. DYETT 4600 LIBERTY HGTS. AVE

250. DATE REC'D. BY REGISTRAN 25K REGISTRAN SAUDOWNORS

E2:11		m - Tonico		BASINET
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Naltheard City			• 4 4 6 7	3.4.
	tet, Inc.	110 ST 100 LG	ME. Vern	spouldi
2100 Belges St. 11217	XX C	.0214		
THE PERSON NOT HOLD BELLE	Tanio a Lin	6011-8s-x	2	nwomale
			4/00	
			a Ven	

### STATE OF MARYLAND

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			FLORENCE ENCE	A A.		ESTON	20 DATE OF DEATH MONTH	-13-85 11:
	3. SE)	(	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
		FEMALE	WH	ITE	08	09 98		YRS
(2)		RTHPLACE (STATE OR FOREIGN COUNTRY)  NEW JERSEY	/	S.A.	MARRIE	D NEVER MARRIED	BALT IMORE	
4	10. CI	TY OR TOWN OF DEATH  BALTIMORE	11. NAME OF I	HOSPITAL, NURSIN CHEACILITY, GIVE STREET / LUTHERAN	IG HOME C ADDRESS] HOSPI	OR OTHER INSTITUTION	12a. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK) HOMEMAKER	12b. KIND OF BUSIN INDUSTRY
35	13o S	AL RESIDENCE (IF NURSING HOMESTATE 126 CC	E OR OTHER INSTITUTION, DUNTY LT IMORE	1. GIVE RESIDENCE BEFORE 136. CITY OR TOWN RELAY	N	13d. INSIDE CITY LIMITS?		CODE D ROAD, 21227
18.30	1	THER'S NAME FIRST  GEORGE		GALKINBUR		15. MOTHER'S MAIDEN NA FIRST  MARTHA	ME MIDDLE ADDRESS	IRONS
2 medico		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (# YES, NO	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU 212-74-		EDWIN F. PRE	STON 5808 HERO	
oumatic event, th		Conditions, if any, which	JSED BY: DIATE CAUSE (0)	OR AS A CONSEQUE	mor			APPROXIMATE INT BETWEEN ONSET AN
ther troumatic		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, O  DUE TO, O  DUE TO, O  (b)  DUE TO, O	Phen DR AS A CONSEQUE DR AS A CONSEQUE	mol	u		
injury, or ather troumatic	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICAN	DUE TO, O  DUE TO, O  DUE TO, O  (b)  DUE TO, O  (c)	Phen DR AS A CONSEQUE DR AS A CONSEQUE	mol	NOT RELATED TO THE TER/	AINALDISEASE OR CONDITION AWST. GZ	
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18 shows ony injury, or other troumatic	CAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICAN	DUE TO, O  OUE TO, O	OR AS A CONSEQUE  OR AS A CONSEQUE  ONTRIBUTING TO E  ONTRIBUTING	MOVENCE OF DEATH BUT PARTIO	NOT RELATED TO THE TERM PALLY BY	200 AUTOPSY? 20b.	N GIVEN IN PART TO Sold dyg IF YES, WERE FINDINGS US CERTIFYING CAUSES OF DEA YES \( \sum \text{NO} \)
or item 18 shows ony injury, or other troumotic	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICAN  PART 2. OTHER SIGNIFICAN  PART 3. OTHER SIGNIFICAN  PART 3. OTHER SIGNIFICAN  CREATION  The DATE OF OPERATION  COLORING CAUSE OF CAUS	DUE TO, O  LO  TO CONDITIONS CI  19b. COND  21b. TIME C HOUR A P. 21e. PLACE	OR AS A CONSEQUE  OR AS A CONSEQUE  CONTRIBUTING TO DE  OUTPORT OF WHICH  OF INJURY  L.M. MONTH DA	ENCE OF ENCE OF DEATH BUT PARTIO AY YEAR 19	NOT RELATED TO THE TERM PALLY BY	200 AUTOPSY? 20b.	N GIVEN IN PART TO Sold dyg IF YES, WERE FINDINGS US CERTIFYING CAUSES OF DEA YES \( \sum \text{NO} \)
18 shows ony injury, or other troumatic		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN  PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE ETHER, NOTHY MEDICAL EXAM  21d. IN JURY OCCURRED  WHILE NOT WHILE	DUE TO, O  (b)  DUE TO, O  (c)  NT CONDITIONS C.  19b COND  21b. TIME C  HOUR A  NINER)  21e. PLACE (AT HOME. ST	OR AS A CONSEQUE  ON TRIBUTING TO E  ONTRIBUTING	ENCE OF DEATH BUT ANY YEAR 19 ANM, ETC.)	NOT RELATED TO THE TERM  PARTY BY  IN WAS PERFORMED  216 HOW INJURY OCCUP  211 LOCATION  STREET	200 AUTOPSY? 700.  YES NO NOTIFIED (ENTER NATURE OF INJURY IN IT	IF YES, WERE FINDINGS US CERTIFYING CAUSES OF DE. YES NO EM 18 PART 1 OR PART 2)  COUNTY  19 85, that (I)

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR FUNERAL DIRECTOR 21229
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

250. DATE REC'D. BY REGISTRAN 250 REGISTRAN'S SIGNATURE MAY 15 1985 filia Davidson-Aines

View of the court of the court TOSE ANDRE LEED BUILDING DESIGNED FOR THE ACTION DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	3	3	
	- 6	772	
	-		

1"	<ul> <li>STATE REGISTRAR</li> </ul>			CERTII	FICATE OF DEATH	REG. NO	D.		
	ECEASED NAME FIRST PE OR PRINT)  HOW C	1	MIDDLE	_	reston	20. DATE OF DEATH	5 1.	y YEAR	26. HOUR
1 SE	Male	4 RACE Blac	:k	5. DATE (	OF BIRTH 1/26 DAY YEAR	6 AGE (IN YEARS LAST BIRT		UNDER TYEAR	HOURS
70 E	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF USA	WHAT COUNTRY?	8. MARRIE WIDOW	ED NEVER MARRIED	BAL +	uno.		
4	Baltimore	11. NAME OF PROV	HOSPITAL, NURSIN CHEACHTY GIVE STREET VIDET HOS	G HOME ( ADDRESS) SPita	or other institution 1	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O			OF BUSINESS
	STATE 136 CC		GIVE RESIDENCE BEFORE  13c. CITY OR TOW  Baltimer	N	13d. INSIDE CITY LIMITS?	3217 Piedme	ZIP CODE nt Ave	e. 21 <b>2</b>	16
14. F	ATHER'S NAME FIRST Edgar	MIDDLE Howard	LAST		15 MOTHER'S MAIDEN NA. FIRST Maggie	MIDDLE	vard	LA	AST
	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)	216-20-5		Joyce Spann	ADDRE 3217 Piedm <i>o</i>		. 3217	
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAI			Dio	- Pulmono	ary		APPRO) BETWEEN	XMATE INTERVA I ONSET AND DE
	Conditions, if any, which gave rise to immediate cause (a), staling the underlying cause last.	(b)	R AS A CONSEQUE	NCE OF	ionary E	dena	DITION CIVE	ALIAN DARY I	
CERTIFICATION	190 DATE OF OPERATION	196 COND			ON WAS PERFORMED	200 AUTOPSY?  YES NOW	20b. IF YES, IN CERTIFY YES	WERE FINDI	
Ü	210. ACCIDENT WAS UNDERLYING		F INJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	I 1 OR PART 2)	

21d. INJURY OCCURRED 22b. SIGNATURE

MPORTANT: If Item 21 is morked or Item 18 show

should be detached with the State Dept.

HOSPITAL

BP.

220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on

21e. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

ATTENDING

21f. LOCATION

5-15

STAFF

CITY OR TOWN

22c. DATE SIGNED

STATE

STATE

COUNTY

NOT WHILE

22e ADDRESS Providen

MEDICAL

57 15-85

230 BURIAL, CREMATION, REMOVAL Buria1

23b. DATE 5/21/85 23c NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem

DEGREE

23d. LOCATION CITY OR TOWN

DIRECTOR | PHYSICIAN

COUNTY

24 FUNERAL DIRECTOR DHMH - 16 50M 4/83

Chas.A.Rice 1300 Eutaw Place (VRA 15, 4)

Baltimore Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

MAY 2 2 1985 Judic Davidson-Van ione Davidson-Mandall

Poges

prior

8

per Mental Hygiene

### STATE OF COMMENTAL STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

àq.		
REG	NO	

5 5 REG.	NO.	-	*	
20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
	05.	06	85	950

REGISTRAR			CEKTIFIC
ASED NAME	FIRST	MIDDLE	LAST
PRINT	YINTON	0	PR

BLACK

4 RACE

MIDDLE

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)

IMMEDIATE CAUSE (o).

220.1 certify that (I) (this haspital) attended the deceased from\_

PRESTO N 5. DATE OF BIRTH

22

6 AGE (IN YEARS LAST BIRTHDAY)

IF UNDER 1 YEAR IF UNDER 24 HRS

Jo. BIRTHPLACE (STATE OR FOREIGN

MALS

02 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED

MONTH

BALTIMORE CITY OR COUNTY OF DEATH Baltimore City

Maryland 10 CITY OR TOWN OF DEATH

U.S.A. WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

12b. KIND OF BUSINESS OR TTYPE OF WORK FOR MOST OF WORKING LIFE!

Baltimore

MERCY HOSPTIAL FUSUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY

13d INSIDE CITY LIMITS? YES X NO T

13e STREET ADDRESS / ZIP CODE 4700 Denview Way 21206

Maryland 14 FATHER'S NAME

13g. STATE

IFICATION

MEDICAL

- STATE

I. DECE

TYPE OF

3. SEX

Preston

Baltimore

Cordelia 17 INFORMANT

15 MOTHER'S MAIDEN NAME

VEAD

1902

Johnson

Jerome 160 WAS DECEASED EVER IN U.S. ARMED FORCES? NO

166 SOCIAL SECURITY NO

MYOCARDIAL FAILURE

212-10-2248 Lynita E. Johnson 3450 Erdman Avenue

Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF ARRYTHMAS DENTRICULAR

2 horus

underlying couse lost.

PART I. DEATH WAS CAUSED BY:

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

190	DATEO	FOPERATION	

216 TIME OF INJURY

NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

06

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY

05 06

211. LOCATION

20g AUTOPSY?

WHILE NOT WHILE AT WORK

AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

1985

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

CITY OR TOWN

COUNTY STATE

20h IF YES. WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

saw the deceased olive on OS O6 gboye, (I) (we) (did) (and not) view the body ofter deoth.

STAFF ATTENDING MEDICAL PHYSICIAN | DIRECTOR | PHYSICIAN

\_\_, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

22c DATE SIGNED 05.06.85

22e. ADDRESS

05 06 1935 to 05

MERCY HOSPITAL BALTO, MD.

BP\_

DIRECTOR

FUNERAL Could be deto

DHMH - 16 60M 7/84 (VRA 15, 4)

BURTAL	AL
24 FUNERAL DIRECTOR	

23c. NAME OF CEMETERY OR CREMATORY King Memorial Park Randallstown,

Md .

Wm C March F/H Inc. 1101 E North Avenue

5/11/85

256. DATE REC'D. BY REGISTRAR STARREGATE AND SECOND STARREGATE AND SECOND STARREGATE AND SECOND SECO

Party - 1 298 1

		FOR
1	-	STATE
		DECICTRAD

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

5	i	4	1913	er er er	6

155027	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.	
	DECEASED NAME FIRST TYPE OR PRINT)  RA	DIL H	DO 1	ETTY SR.	20. DATE OF DEATH MONTH	-28 -85 5:45a
a distribution of the state of	SEX Male	A RACE White	5. DATE OF	- 1 -	6. AGE (IN YEARS LAST BIRTHDAY)	7 77
70	BIRTHPLACE (STATE OR FOREIGN Maryland	76 CITIZEN OF WHAT COUNTY U.S.A.	MARRIED	NEVER MARRIED	BALTIMORE CITY OR CO	UNTY OF DEATH
by the filled and for the filled	CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Francis Scot			120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Chef	12b. KIND OF BUSINESS O
24 haur illed in vold be f	SUAL RESIDENCE (IF NURSING HOME C 30. STATE 136 COU Maryland		R TOWN	3d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	3805 E. Goug	h Street 21224
with details and a second	George	MIDDLE Pre-	ty	S. MOTHER'S MAIDEN N. Ruth	WIDDLE	Evans
Poges and comp	(YES, NO OR UNKNOWN) YES  WW	IVE WAR OR DATES)	SECURITY NO. 19	darjorie Pre	tty, 3805 E. G. Baltimore	ough Street , Md. 21224
physicia an papers emayal. event, the	PART I. DEATH WAS CAUS	only one couse per line for (a), (ED BY: ATE CAUSE (a)	den ronn	amost		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equires that the death considered by the attending the please remave carb to burial, cremation, and injury, or other traumatic.		DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTION		OT RELATED TO THE TER	MINAL DISEASE OR CONDITIO	N GIVEN IN PART 1(0)
an. has been to permit. ene prior ows any in	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR V	VHICH OPERATION	WAS PERFORMED	20a AUTOPSY?   20b.   IN (	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc
HYSICIAN ading ph his certific burial-tr f Mental I	OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTIFY MEDICAL EXAMIN  21d, INJURY OCCURRED	HOUR A.M. MONT	H DAY YEAR	216. HOW INJURY OCCU 216. LOCATION STREET	RRED (ENTER NATURE OF INJURY IN 11)  CITY OR TOWN	EM 18, PART I OR PART 2)  COUNTY STATE
pital ar att TOR: After far use as th af Health o	220.1 certify that (I) (this has	poital) attended the deceased in 5/24 in the body after death.		, , ,	5, to 5/29	, 19 , that (I) (we) last
OR DORE	224 PHYSICIAN SNAWE THE	th Lepi	rold MY	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE/SIGNED
O HOSi	1 Ec	lith lei	290ld M	1 4940	Eastern	Ave-
BP	Burial, cremation, remova  Specify  Burial	5-31-85		METERY OR CREMATORY  Forest Vet	23d LOCATION CHYORTOWN Baltimore	Baltimore Md.

DHMH - 16 50M 4/82 (VRA 15, 4)

> Ann Se Matthews, 3021 Eastermavenue Baltimore, Md. 21224

Garrison Forest Vet

Md.

250. DATE REC'D. BY REGISTRAR 256. MAY 3 1 1985

Sh. REGISTRAR'S SIGNATURE

urtal

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

DEC	NO

	REGISTRAR		CERTII	ICATE OF DEATH	REG. NO.						
1. DI	ECEASED NAME FIRST			AST	20. DATE OF DEATH MON						
(	ESTI	HER	N. P	RICE	5	- 21 85 10:20Am					
3. SI	EX	4. RACE	5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN.					
1	temale /	Whit	· 2	2 1912	73	YRS.					
70. 8	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	D NEVER MARRIED	9 BALTIMORE CITY OR CO	DUNTY OF DEATH					
Pe	ennsylvannia/	USA	WIDOWE		Baltimore Ci	ity MD.					
10 (	ITY OR TOWN OF DEATH		HOSPITAL, NURSING HOME OF FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR INDUSTRY					
	Balto. City	Franci	s Scott Key Me	edical Center	Housewife	Homemaking					
13a	STATE IBL COU	NTY	GIVE RESIDENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS?	138 STREET ADDRESS / ZIE	CODE					
Ma	aryland Bal	timore		YES NOXX	1305 Chopta	ank Rd. 21220					
]4. F	ATHER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIDEN NA	ME	IASI					
1	Abe	N	orthey	Grace	Model	Matthews					
	WAS DECEASED EVER IN U.S. AL	RMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS						
	(YES, NO OR UNKNOWN) (IF YES, GI	YE WAR OR DAIES	181-05-6287	Kaaren P. As	sbury 13105 Ch	noptank Rd. 21220					
	18 CAUSE OF DEATH (Enter o	nly one cause per	line far (a), (b), and (c)		1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	PART I. DEATH WAS CAUS		Cardiopulmo	nary Arres							
		DUE TO, OR AS A CONSEQUENCE OF									
	Conditions, if any, which ( 1b) UNIMA										
	gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF A										
	underlying cause lost Consequence of Charles Classes										
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
CERTIFICATION	Carquene o	of lower	extremity								
3	19a DATE OF OPERATION	196. CONDI	TION FOR WHICH OPERATIO	N WAS PERFORMED		LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?					
TIF					YES NO	YES NO					
	210. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN I	TEM 18 PART   OR PART 2)					
CAL	OR CONTRIBUTING CAUSE OF DE	A1F1									
MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY EET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION	CITY OR TOWN	COUNTY STATE					
2	AT WORK AT WORK	(M) HOME STA	ELI, MCTORT, OTTILE, TARIM CTC )								
	22a I certify that (1) (this hosp	ita ottended the		19 85	_, to May of						
	sow the deceased alive at obove, (I) we (did) (did n	n May	ofter death	nd that in (my) (Cur)opinian o	death occurred on the date a	and have and from the couses stated					
	226 SIGNATURE O	+1	1	DEGREE		22c. DATE SIGNED					
	Kore	9 14	Men 1	14 ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/21/85					
1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS							
	Robert	Fisher		4940 Eastern	Ave. Raltin	one MD 21224					
23a.	BURIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d LOCATION						
	(SPECIFY) Burial	5-25-8	5 Gardens	of Faith		altimore, Maryland					
24. F	FUNERAL DIRECTOR		7401 BelA1	e Rd. 250. DAT	E REC'D. BY REGISTRAR 25	REGISHAR'S SIGNATURE					
L	assighn Funetal	Home	BALTO. MP.		Y 29 1965	Laurdson-Market					

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR: After this certificate has been signed by the attendin should be detached for use as the burial-transit permit. Then please remove carb with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT; If Item 21 is marked ar Item 18 sh

227 AND THE REAL PROPERTY. 7 300 100 100 100 Tally and awards the second of car. It is to remove the court of the contract essis in mini one total to the transfer of agents of the con-Mily in the part of the control of t THE RESERVE 

funeral director, page 3 thin 72 hours after death

complet puo

the attending physicion and

medicol

injury, or other troumotic

FOR

# within 24 hours ofter DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 death certificate ATTENDING PHYSICIAN: The low

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	- STATE REGISTRAR			DEFARIN		ICATE O		TOTER O	REG. I	NO.	•		1	
	CEASED NAME	FIRST		MIDDLE	1	LAST		20 DATE	OF DEATH	MONTH	DAY	YEAR	2b. HOU	R
(1111)	C ON PRINT)	Mary		М.	Pric	igen				5	17	1985		М
3. SE	X		4. RACE		S. DATE C			6 AGE IN	YEARS LAST B	BIRTHDAY)	IF I	UNDER 1 YEAR	IF UNDER	
	Femal	e	B1	ack	8 8	20 DA	1912	72		YR		VIHS DATS	HOURS	MIN.
7a. B	RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	n NEVI	R MARRIED	9 BALTIM	ORE CITY	OR COU	NTYO	DEATH		
M	Maryland		U.	S. A.	WIDOWE		DIVORCED [	Ba	ltimo	re C	ity			MD.
	ITY OR TOWN OF	DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN	DDRESS)		NSTITUTION	TYPE OF WO	L OCCUPA	OF WORKIN		12b. KIND C	F BUSINE	SSOR
	Baltimore			st 20th S				Dieti			_	Hospi		
USU 13a S	STATE	13b. COU		134 CITY OR TOW	V	1 13d. INSID	E CITY LIMITS?	13e.STREET	ADDRESS	ZIP C	ODE	LO E.	20th	Street
-	Maryland			Baltimo	re	YES K	NO 🗌	Balt	imore	. Ma	ryl	and	21218	
14 F	ATHER'S NAME FIRST		MIDDLE	LAST		15 MOTH	ER'S MAIDEN N	IAME	MIDDLE			LAS	T.	
	Elex			Miller			Mamie					Johns		
	WAS DECEASED EY		RMED FORCES?	16b SOCIAL SECU	RITY NO.	17. INFOR	MANT		Pi	OSE a	st 2	20th S	tree	t
	No.			218-22-5	121_	Mr. J	ohn C.	Pridge	n Ba	ltim	ore,	Md.		
				line for (a), (b), one	Hicki	-1	4					BETWEEN	MATE INTER	VAL DEATH
	PARTI. DEAT	I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10) Respiratory Arrest												
	DUE TO, OR AS A CONSEQUENCE OF					(15.1).								
	Conditions, if any, which ( 1b)			56	GASTRIC CARCINOMA					7 Months				
	gave rise to immediate couse (o), stating the DUETO, OR			R AS A CONSEQUE	NCE OF									
	underlying co	underlying couse last. (c)												
7	PART 2 OTHER S	IGNIFICANT	CONDITIONS CO	DNTRIBUTING TO D	EATH BUT	NOT RELA	TED TO THE TE	RMINAL DISEA	SE OR CO	NDITION	GIVEN	IN PART II	0	15.00
CERTIFICATION		D. V.O. I	- I					Too See		Ton. 15	WEE			
FICA	19e DATE OF OPE	RATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PER	REORMED	20a AU			RTIFYIN	VERE FIND II	OF DEAT	
ERTI	21a. ACCIDENT WAS	UNDERLYING F	7 21h, TIME C	E IN II IPV		1216 HOVA	/ INJURY OCCU	YES [	NO	1_	YES [		NO [	
	OR CONTRIBUTING	L.	ATH HOUR A.	M. MONTH DA		12nt. 110 vi	INJUNI OCCU	JAKED (ENTER	VATURE OF IN.	JUNY IN ITEM	IB PANI	OR PART 2)		
MEDICAL	216 INJURY OCC		P. 21e PLACE		19	211. LOC	TION							
ME	WHILE NO	T WHILE		REET, FACTORY, OFFICE, F	ARM, ETC )		REET		CITY OF	OWN		COUNTY	51	ATE
		WORK	. Is a 1 Lat	1 16						-	10			
	,	eased alive or		e deceased from 10	01	nd that in (	ny) (our) opinio	n death accur	red on the	date and	19.		that (I) (w	
	above, (1) (w 22h, SIGNATURE	e) (did) (did n	at) view the body	after deoth.		DEGREE	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					22c DATE		160
	SIN	20 0	Some	mal	0-	W	ATTENDING			AFF		2	13 /1	0
	22d. PHYSICIAN'S	NAME (IVOS	OR PRINTS	110	170	22e ADD	PHYSICIAN	DIRECTO	R _ PHYS	ICIAN L		10/	4//	))
	CLO	pho.	17 6/	millo	رام رماد	7	NYA	11.	PAN	4	4.	n. to	1	
22	BLIDIAL CDEALATIC	riw	D 36	1 100	1//0	EMETER:	VV ///	1/1~	ATION	1	נטנו	PIII	7	

DHMH - 16 60M 7/84

MPORTANT: If Hem 21 is

TO FUNERAL DIRECTOR: After this certificate has been signed by the otten should be detached for use as the burnal-transit permit. Then please remove cowith the State Dept. of Health and Mental Hygiene prior to burial, cremation, morked or Hem 18 shows ony

offending physicion.

retained by the hospital or

BP.

TO HOSPITAL

(VRA 15, 4)

(SPECIFY)

CITY OF TOWN

Baltimore, Maryland

Burial 5/21/1985 Garrison Forest Veteran

Nutter Common State Common S

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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110 L. 20th S Haltlacro, Maryl: and 21718		120	m.j lae	Maryland
Johnson	oin-N	7	MINI	Eler L
lid et 20th breet. Fiscen Blticore, 1.1. 22219	.a mac	. 150	-60-815	·ov

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DIVISION OF VITAL RECORDS, 201 W. FRESTON ST., BALLIMORE, MANIETANO 2120.	e e	
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours a	retained by the haspital or attending physicion.
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the fushould be detached far use as the burial-transit permit. Then please remove carbon papers. Pages fond 2 shauld be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE	5 REG. N	10.	4	***	Charte
LE.	LAST	2a DAT	E OF DEATH	MONTH	DAY	YE AR	2b.
	PUGLESE			5	4	85	2
	5. DATE OF BIRTH	6. AGE	(IN YEARS LAST BI	RTHDAY)	IF UND	ERIYEAR	IF L
	MONTH DAY YEAR				MONTHS	DAYS	HO

6	1.	FOR STATE REGISTRAR	DEPARTA		ICATE OF DEATH	IENE 5	).	4 1	1 7
		CEASED NAME FIRST	MIDDLE	l	AST	2a DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	(TYPE	MAR MAR	Y	PUGI	JESE	1.000	5	4 85	8:45am
1	3 SE	X	4. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEA	R IF UNDER 24 HRS
)		Female	White	MONTH	13. 1898	86	MDC	MONTHS DAYS	HOURS MIN.
la.	7a. BI	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8		9 BALTIMORE CITY OF	YRS.	Y OF DEATH	
41		COUNTRY) Italy	U.S.A.	MARRIE	D NEVER MARRIED DIONORCED	Baltimor		ity	MD.
Pe		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME C		12a USUAL OCCUPATIO	NC	126. KIND	OF BUSINESS OR
d. 4		Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET  Union Memo		Hospital	Housewife		IFE) INDUSTR'	17.77
35	USU,	AL RESIDENCE (# NURSING HOME OF STATE 13h COUL	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	E ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 3709 Erdm			13
Shine		ATHER'S NAME FIRST	MIDDLE Barbarin	10	15. MOTHER'S MAIDEN NA/ FIRST  Anna			Dami	AST
ows any injury, or ather traumatic event, the medic	CERTIFICATION	18. CAUSE OF DEATH (Enter or PART). DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gave rise to immediate couse (a), storing the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO  196. CONDITION FOR WHICH	ENCE OF  DEATH BUT  CLASH	+	edul corre	DITION GI	APPRC BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
morked or Item 18 sho	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	HOUR A.M. MONTH D	19	216. HOW INJURY OCCURE 216 LOCATION STREET	RED (ENTER NATURE OF INJUR		PART I OR PART 2)	STATE
21 is		220.1 certify that (1) (this hasp	ital) attended the deceased from		nd that in (my) our) opinion	death occurred on the do	ate and ho		
MPORTANT: If Hem		The SIGNATURE View	-		DEGREE  ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	FIAN	S/	4/85
APORTAL	17	Robert	Vissing, MD	Union	Memorial	Hosp	ital		
≥	100	BURIAL, CREMATION, REMOVAL (SPECIFY) Urial			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN  Baltimor	e. Ma	county	STATE

DHMH - 16 50M 4/83

BP.

(VRA 15, 4)

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. 5305 Harford Rd. 21214

ADDRESS

250. DATE REC'D. BY REGISTRAR 256 BEGISTRAR'S SIGNATURE

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ean 3709 Carlena .v. 21213	L L L	21, -32-4976		96
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Folvimore, szylend

Leonny J. Luck, Inc. 5/6 Lauford M. 21211 38 19

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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3	1	4	1	2
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REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.				
1 DECEASED NAME FIRE	st	MIDDLE	L	AST	20. DATE OF DEATH	HTMC	DAY	YEAR	26 HOUR
P	NDREW	K	QUA	GLIO		0.5	29	85	8:39AN
3 SEX	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTH)	DAY)		ER TYEAR	IF UNDER 24 HRS
MALE	CAUCAS	IAN	OCTO	BER 24, 1984		YRS	7	5 DAYS	HOURS MIN.
70 BIRTHPLACE (STATE OF FOREIG	N . 76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVERMARRIED X	9 BALTIMORE CITY OR	COUN	TY OF D	EATH	
GERMANY	USA		WIDOWE		BALTIMORE	C	TTY		MD.
O CITY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPATION				OF BUSINESS OR
BALTIMORE		OHNS HO		S HOSPITAL	NONE	ORKING	, ,	DUSTRY <b>NONE</b>	
USUAL RESIDENCE (IF NURSING	OME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)					90	1966
VI W	INCE WM	WOODBRID		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 2 12306 CINNA			EET	22192
4. FATHER'S NAME				15. MOTHER'S MAIDEN NA	ME				
KENNETH	WIDDLE	OUAGLIO	)	VALERIE	WIDDLE			HTD	ALGO
60 WAS DECEASED EVER IN U.	S. ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRESS	,			
(YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	104-50-	.0220	FATHER SAM	Œ AS #13a-е				
18 CAUSE OF DEATH IEM				TATHER DAY	III NO #130 C		-	APPROX	IMATE INTERVAL ONSET AND DEATH
PART I. DEATH WAS C	AUSED BY:	000						BETWEEN	ONSET AND DEATH
IMM	EDIATE CAUSE (a)	CAR	DIA	C MAM	1857			N	//// S .
		R AS A CONSEQUE		/	_		-	125	41 -111
Canditians, if ony, whi		LIFF	7	/ RIVT RIC	ULAIR FI	120	11712		VICNTITS
cause (a), stating t		RAS A CONSEQUE	ENCE OF	250				_	
underlying cause	Solve Jerry	AOR	TIC	STEN	0515			13/1	RTH
	ANT CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDI	ION G	IVEN IN	PART 1	a
2									
190 DATE OF OPERATION	1 196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED					NGS USED
5/28/	85 A	ORTIC	57	ENOSIS	YES NOT		YES 🗆	CAUSES	NO
190 DATE OF OPERATION  5 28  210. ACCIDENT WAS UNDERLYN	NG 716. TIME O	F INJURY			RED (ENTER NATURE OF INJURY	N ITEM IE	B PART I OF	R PART 2)	
OR CONTRIBUTING CAUSE	OFDEATH	M. MONTH DA							
1 (IF EITHER NOTIFY MEDICAL EX	21e PLACE	M. OF INTURY	19	21f LOCATION					
WHILE D MOT WHILE O	(AT HOME STE	REET, FACTORY, OFFICE, F	ARM ETC 1	STREET	CITY OR TOWN	1	< <	YIMUC	STATE

AT WORK AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on above, (I) (we) (did) (did nat) view the bady after death and that in (my) (aur) opinion deoth occurred an the date and haur and fram the causes stated DEGREE

22e ADDRESS

ATTENDING PHYSICIAN

23d. LOCATION

ONGER 236 DATE 23a. BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY

ARLINGTON

DIRECTOR PHYSICIAN

MEDICAL

VIRGINIA

DHMH - 16 60M 7/84

IMPORTANT

(VRA 15, 4)

BURIAL 5/31/85 ARLINGTON NATIONAL 24 FUNERAL DIRECTOR

DEMAINE FUNERAL HOMES, INC ALEXANDRIA, VIRGINIAUN 05 1985

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District to the state of the statement with the statement of the statement

# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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in by the funeral directar, page of filed within 72 hours after deal

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and complished be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 for with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other troumatic event, the medical exa

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physicion.

BP. DHMH - 16 50M 1/76

(VR A 15 (4))

may be

ERTIFICATE OF DEATH					
STATE OF MARYLAND IT OF HEALTH AND MENTAL HYGIENE	e de	î	4	4	2

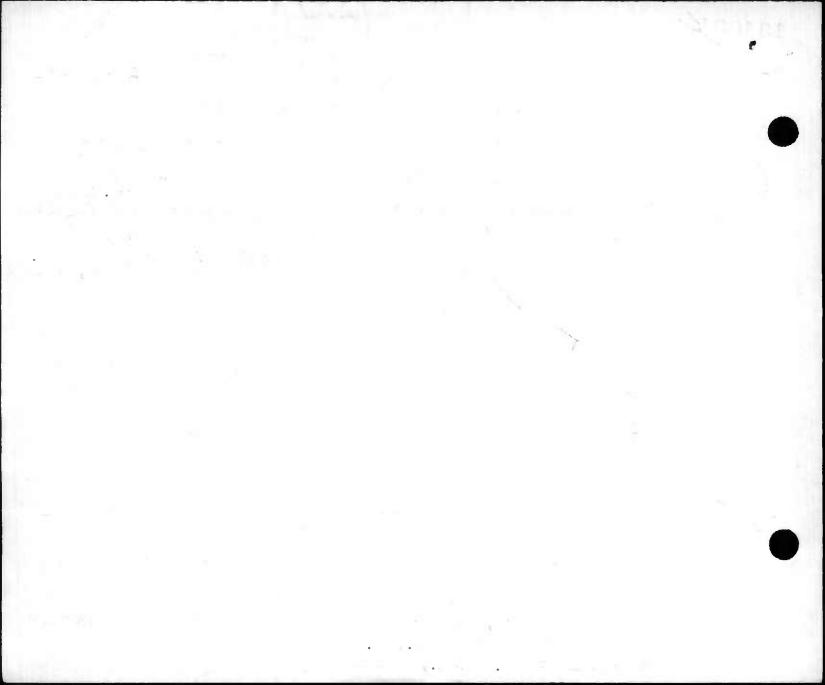
FOR STATE REGISTRA	r		STATE OF MARY EPARTMENT OF HEALTH AN CERTIFICATE OF	MENTAL HYGIENE	REG. NO.	4   2
1. DECEASED NA (TYPE OR PRINT)	ME FIRST	WIDDLE	LAST	2 a	DATE OF DEATH MONT	1200
	JAMES	Т.	QUEEN		5_	30 85
3. SEX		4. RACE	5 DATE OF BIRTH MONTH DAY	6 A	GE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
MALE		BLACK	7	06		YRS
To BIRTHPLACE	STATE OR FOREIGN	76. CITIZEN OF WHAT COL	INTRY? 8 MARRIED NEVE	R MARRIED . 9 B.	ALTIMORE CITY OR CO	OUNTY OF DEATH
NAShini	ta, D.C.	4.5.	1 1254	DIVORCED [	aty	<u></u>
BA CIII	MOR QEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY: GI	NURSING HOME OR OTHER IN VESTREET MODRESS)		USUAL OCCUPATION PEOPWORK OR MOST OF WOR	KIND OF BUSINE INDUSTRY
USUAL RESIDENT 130. STATE Mayla 14 FATHERS NA	nd 136 COUN	OTHER INSTITUTION, GIVE RESIDEN ITY 139 CITY C	Terme YES P	CITY LIMITS? 13e	STREET ADDRESS KU	is dillare
FATHERS NA/		naun !	AST IS MOTHE	FIRST	WIDDLE	LAST
160. WAS DECEA (YES, NO OR LINK	SED EVER IN U.S. AR	MED FORCES? 16b SOCIA	AL SECURITY NO. 17 INFORM	Toria Qu	Then 1614	Snaelword A
gove rise cause is underlying PART 2 O	s, if ony, which to to immediate to immediate the storing the course lost the storing the course lost the significant (		NSEQUENCE OF  NG TO DEATH BUT NOT RELAT  WHICH OPERATION WAS PER		0g AUTOPSY? 20b.	IF YES, WERE FINDINGS USEC CERTIFYING CAUSES OF DEAT
RTIF				Y	ES NO	YES NO
00.00011000	NT WAS UNDERLYING UTING CAUSE OF DEA			INJURY OCCURRED	TI MI YRULMI PO BRUTAM NATUR	EM 18, PART 1 OR PART 2}
(IF EITHER, N  21d. INJUR  WHILE AT WORK	OCCURRED  NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)  211 LOCA STREE	TION	CITY OR TOWN	COUNTY ST
sow th	ne deceased alive on (I) (we) (did) (did no	tol) offerded the deceased 2 1) view the body after death	19 AS and that in (m	y) (our) opinion deoth		nd hour and from the causes sta
Tabliani	A DATE	Ten	22e. ADDR	PHYSICIAN DI	EDICAL STAFF RECTOR PHYSICIAN	1/7/8
A	llen Ne	Heman	G	00 Reist	erstown	Rd 21208
CEDAR		23b. DATE 6-5-85	23c NAME OF CEMETERY O	EMETERY	BALTIMORE	COUNTY STA
24 FUNERALDIR		]72] <b>-</b> 27 NOR	RESS TH MONROE ST.	250 DATE REC	D. BY REGISTRAR 256. R	EGISTRAR'S SIGNATURE

34634	1.	FOR STATE REGISTRAR	DEPAR	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO.	4 1 2 2
moy be poge 3 er death		CEASED NAME FIRST EVA	WIDDLE	60	4177	ZW DAIL OF BEATH	3 85 335A M
ge 4 ector. rrs aft	3. SE	MARE	WHOTE	5. DATE O	F BIRTH DAY YEAR S 20	VS YRS.	FUNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
deoth. Po	N	IARYLAND	TO CITIZEN OF WHAT COUNTR	WIDOWE		9 BALTIMORE CITY OR COUNTY BALTIMORE	CITY MD.
(1) ¥/2	B	AL RESIDENCE (IF NURSING HOME OR	11. NAME OF HOSPITAL, NUR:	SPITA	C INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF SALESPERSON	CLOTHING
oir Shadis	13a S	TATE 136 COUN		I NWC	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NAM	130 STREET ADDRESS / ZIP CODE	APT. 203 LE DR/21215
completely and 2 sh			YOSPE MED FORCES?   166 SOCIAL SE	CLIBITY NO	FREIDA	WIDDLE	MILLER WALGROVE RD.
be execu-		NO OR UNKNOWN) (18 YES, GIVE	WAR OR DATES) 213 10	o 7628	/20XXXXXXXXX	KXXXXXXXXXXX REISTE	ERSTOWN, MD 21136
death certificate ottending physici ove carbonpopei tion, or removal.		18 CAUSE OF DEATH (Enter onl PART I: DEATH WAS CAUSED IMMEDIATI	BY: CEPIA	2A7ORU	ARREST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  MWUTES
e death ce cottendin mave carb iatian, or i		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSECT	JATIC	DISEASE 7	o THE LUNGS	months
s that the ed by the please rer rial, crem ar ather		couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSECUTION OF THE PROPERTY OF	1 Tyr			
w require been sign mit. Then prior to bu	ATION	190 DATE OF OPERATION	196. CONDITION FOR WHI			200 AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED
N: The lovysicion. cote has bons perm Hygiene p	CERTIFICATION	884 21a. ACCIDENT WAS UNDERLYING	UTERINE V		21c. HOW INJURY OCCURR		YING CAUSES OF DEATH?  S NO NO NATION PART 2)
HYSICIAN ding phy is certific burial-tra Mental H	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OC CURRED	P.M. 21e. PLACE OF INJURY	DAY YEAR	211. LOCATION		COUNTY
DING Proposition of the proposition of the morked of the m	WE	WHILE NOT WHILE AL WORK  220.1 certify that (I) (this haspit	(AT HOME STREET FACTORY, OFFIC		STREET 10 \$5	to MAN &	COUNTY STATE
ATTENIA hospital RECTOR. ed for us pt. af He		sow the deceased alive an above, (I) (was) (did) (did not 22b. SIGMATURE	may 8 19	85.0	d that in (my) lower opinion of	leath accurred on the date and hou	
by the by the Brat DIR		hlonald R. 22d. PHYSICIAN'S NAME (TYPE OF	Taylor MD		ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	5-8-85
TO HOSPIT, retained by TO FUNER, should he Stould he Sto	22- 2	DONALD R.	TAYLOR	NAME OF C		TAL DEPT. OF	MEDICINE
BP	730	SPECIF BURIAL			YOUNG MEN	BALTIMORE	COUNTY MARYLAND

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

SOL LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR BALTO., MD 21215 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



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signed by the ottending

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IMPORTANT: If Item 21 is

CERTIFICATION

MEDICAL

Burial

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should be detoched far use os the burial-tronsit permit. Then with the State Dept. af Heolth ond Mental Hygiene prior to bu

TO FUNERAL DIRECTOR. After this certificate has been retained by the hospital ar ottending physician.

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DIVISION OF VITAL RECORDS, 201				
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ATTENDING PHYSICIAN: The low requires that the death

FOR STATE REGISTRAR	1 5 1 5 7 5	DEPARTM	ENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5	D.	4	ì	2	3
1. DECEASED NAME FIRE		MIDDLE	L	AST	20. DATE OF DEATH	HIMOM	DAY	YEAR	2h HOL	IR
NI.	fodora.		Rat	failides		5 3	27 9	85	11:3	SAM
3. SEX	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)		RIYEAR	IF UNDER	
Female	whit	e	MONTH 7	27 01	83	₹ YRS.	MONTHS	DAYS	HOURS	MINL
70. BIRTHPLACE (STATE OR FOREIG	N 76 CITIZEN OF	WHAT COUNTRY?	8. 9. BA		9. BALTIMORE CITY O	R COUNT	Y OF DE	ATH		
Greece	U.S.A	f	MARRIED NEVER MARRIED BE		Baltimore City				MD.	
Baltimore	HEACHITY GIVE STREET	DDRESS)	d. Center	12a USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF Housewife			KIND O USTRY	F BUSINI	ESS OR	
	OME OR OTHER INSTITUTION COUNTY	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)						eet	198	24
A FATHER'S NAME Stamatis	WIDDLE	Dimidis		is mother's maiden na Maria	ME			LAS	ī	
160 WAS DECEASED EVER IN U (YES, NO OR UNKNOWN) (IF	S. ARMED FORCES? YES, GIVE WAR ORDATES)	213-07-2		Thomas Rafai	lides, 2407 Timo	SHart nium	tfel , Md	L Ro. 21	ad 093	
18 CAUSE OF DEATH (ER PART I. DEATH WAS C				nest			8	APPROXI	MATE INTE	DEATH
Conditions, if any, whi gove rise to immedia cause (a), stating t underlying cause lo	ch (b) the DUE TO, O	R AS A CONSEQUE	deal	2 infantin						
	ant conditions co		EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN F	ART Ite	3	
GALLA DATE OF OPERATION			OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	IN CERT	ES, WERE IFYING C (ES []			TH?

adult cro	et diabetes.			
19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	206. IF YES, WERE FINDINGS UP IN CERTIFYING CAUSES OF DE YES NO
710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18. PART 1 OR PART 2)
21d. INJURY OCCURRED  WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	ZII. LOCATION	CITY OR TO	WN COUNTY

220.1 certify that (I) (this hospital saw the deceased alive on _ above, (I) (we) (clid/(did not)	5/27/850	5/27 , and that in (	my) (our) opinion death occur	S/27 red on the date and h	19 8 5 , that (1) (we) lo
226 SIGNATURE		DEGREE			224. DATE SIGNED
1 . 0-	1 -		ATTENDING MEDICA	L _ STAFF _	- / /

Greek Orthodox Cem.

	77e ADDRESS				ı		
10	-	17	1	No. 11	- 1	1 -	

PHYSICIAN | DIRECTOR | PHYSICIAN A

Baltimore

Brs	ida W	. Cooper	M.D.	Francis	Scott	Key	Medica	10+
23a. BURIAL, CREM	ATION, REMOV	AL 236. DATE		Orthodox Ce		LOCATION SAIL CIPMO	re Balt	imore

24 FUNERAL DIRECTOR Ann S. Matthews, 3021 Eastern Ave., Baltimore,

5-30-85

MAY 31 1985

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DHMH - 16 50M 4/83 (VRA 15, 4)

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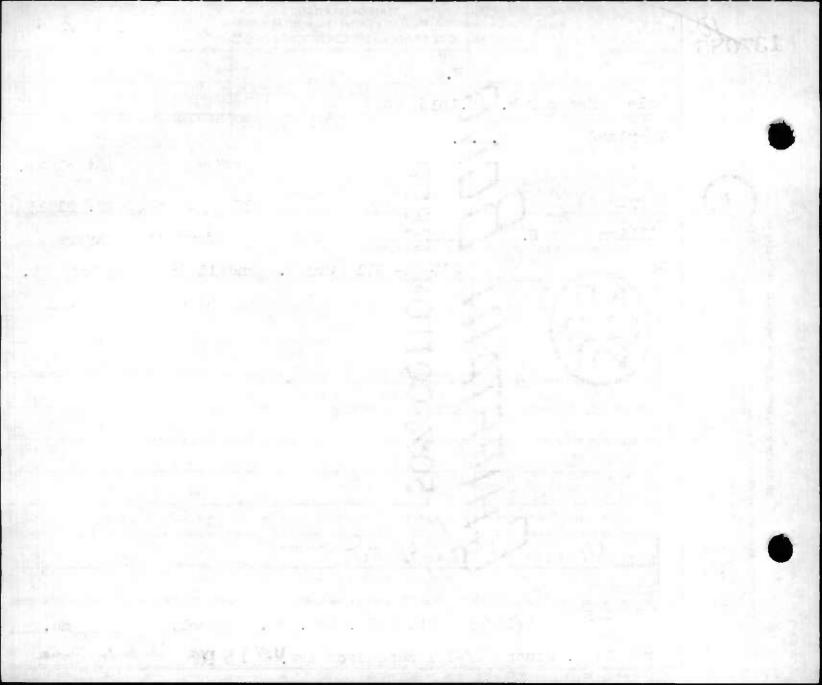
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MEDICAL EX	AMINI	ER'S CE	RTIFICAT	E OF	DEATH	,

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G	NO				

)	I. DEC	EASED NAME OR PRINT)	E FIRST		WIDDLE		LAST		2a DAT	KNOWN X	X MONTH DA	5-10 19 85  MONTH DAY YEAR  5-10 19 85  COUNTY OF DEATH  City,  OF WORK 17th KIND OF B  STEPPEN  AYERS  AYERS  Edgewood  APPROXIMA BETWEEN ONS  YES   COUNTY  IN MY OPINION	2 b
			Willia		H.		andall			H MATED	5-10		
3	. SEX		4. RACE	5. DATE OF BIRT	Y YEAR LAST BIRT	YEARS IF UI		IF UNDER	24 HRS. 2c. DA		MÔNTH DA	Y YEAR	20
		ale	Negro		5,1916 69	Prs.	UA15	TIOURS	DE	AD		19 85	ľ
1	7a. BIF	RTHPLACE (5	STATE OR		WHAT COUNTRY?	8 MARR	RIED NEV	ER MARRI	ED L	_	_	DEATH	
2		aryla		U.S.			WED	DIVORCI		altimore			
C		Baltir	more	3509	OSPITAL, NURSING HO HFACILITY, GIVE STREET ADDRES Edgewood RC	oad	HER INSTITUT	ION	Retir		S S	CIND OF BU DR INDUST Deely	RY
4	30. SI	aryla	nd 136 COUP		GIVE RESIDENCE BEFORE ADMI	1	13d. INSIDE CIT	NO 🗌	3509		od Rd.	212	יי
	I4 FA	THER'S NAME	E	MIDDLE	LAST		15. MOTHE	R'S MAIDE		MIDDLE		LAST	
Z		illia		H.	Randall		Lu.		Vi	ginia	AJ	rers	
/	16a. W	AS DECEASE	D EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECUR		17. INFORM	ANT		ADDRESS			
	N	O OR UNKNO			217-01-2	2971	Ora	V I	Randall	3509	Edgew	ood	S
		gove ri cause (a lying cou		(c)	OR AS A CONSEQUENC		T on construct	CHIEN IN SEC					
	CERTIFICATION		FOPERATION		DITION FOR WHICH OP				RI I (a		120	AUTOPSY'	?
1	FIC			344								YES 🗆	,
3		UNDERLYING CONTRIBUTI	ING CAUSE OF	DEATH P	OF INJURY I.M. MONTH DAY YE	AR		OCCURRE	D LENTER NATURE OF	INJURY IN ITEM 18 P	PART 1 OR PART 2)		
	MEDICAL	WHILE AT WORK	OCCURRED  NOT WHILE [ AT WORK		E OF INJURY (AT HOME, ACTORY, FARM, ETC.)		STREET		CITY OR	TOWN	COUNTY		
		22a. I certi deoth result ACTUAL SIGNATURE	11/	ge of the remains a	desphibed obove, held on Accident	Suicide Suicide	Homici	PECIFY)	Undetermined	monner ,	DATE SIGNED	5-13-	8
7	M	EXAMINER'S	NAME -		11/11/20			ז ווו	Donn Ct	- 11	7	2120	7
2		(TYPE OR PRI	TION REMOVAL		Smyth M.D.		ADDRESS	TTT	Pelli St.	, Balto	., Ma.	2120	1

DHMH - 17

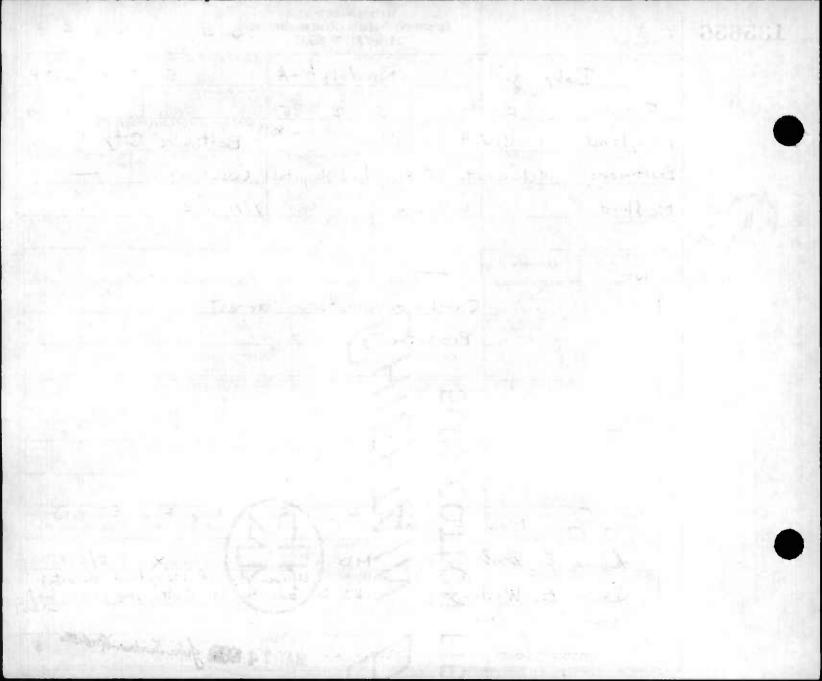
Marshall W. Jones FH/4101 Edmondson Ave MAY 15 1985 Julia Davidson-Randen



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

135656	1.	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYGICATE OF DEATH	IENE 8 5	1 4	125
noy be poge 3 er deoth	(TYPI	CEASED NAME FIRST Baby	917 MIDDLE	Ro	ndolph-A		5 2 8	25. HOUR 35 520 PM
rector.	3. SE	Female	Black	5. DATE O		6 AGE (IN YEARS LAST BIRTHI	YRS.	DAYS HOURS MIN.
deoth.	1	lary and	76. CITIZEN OF WHAT COUNTRY U.S.A.	MARRIE		Baltima	re City	, MD.
by the fi	B	paltimore	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE University of	Hary	land Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Y		ND OF BUSINESS OR
135	130	AL RESIDENCE (IF NUR DE COUN STATE (Aryland		WN	YES NO	13e.STREET ADDRESS / 1 1911 Loure		ue 21223
			MIDDLE LAST		15. MOTHER'S MAIDEN NAM FIRST	MIDDLE		RAST
be execution on the control of the c		VAS DECEASED EVER IN U.S. AR/ yes, no or unknown) [IF yes, GIVI	MED FORCES? 16b SOCIAL SEC E WAR OR DATES)	CURITY NO.	17 INFORMANT	ADDRES:		
ng physicic banpapers removal.		PART I. DEATH WAS CAUSEI	ly one couse per line for (o), (b), one couse per line for (o), (c), one couse per line for (o), (c		piratory	arrest	BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
e deoth ce e attending move carb nation, ar r traumotic	1	Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE (16) Prema	UENCE OF	<b>y</b>			
s that the ed by the alease rem rial, crema		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEC	UENCE OF				•
signe Then p to bur injury,	NOI	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	<u>D DEATH</u> BUT	NOT RELATED TO THE TERM			
The law rection.  The law rection.  The has been the has been general.  Shows only	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATIO		YES NO	20b. IF YES, WERE F IN CERTIFYING CA YES	USES OF DEATH?
rysician. The		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM IB PART I OR PA	RT 2)
offending offending ter this of the bund Me hand Me ha	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY {AT HOME, STREET, FACTORY, OFFIC	E. FARM ETC )	211. LOCATION STREET	CITY OF TOW	d COUN	TY STATE
spitol or CTOR: Al for use of Health		22a.1 certify that (1) this hospit sow the deceased slive on above (1) (we) did (did no	tol) attended the deceosed from  May 2  1) view the body ofter deoth.	May 85	nd that in (my) our) opinion o	deoth occurred on the dote	e and hour and from	
y the hose A y the hose A detoched detoched tote Dept.		276. SIGNATURE Dana E	. Wolney		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA		DATE SIGNED
HOSPI bined b suld be th the S		220. PHYSICIAN'S NAME (TYPE O	Wollney		22 S. Gre	CID	Himore,	Hespital Maryland
PP	23a.	BURIAL, CREMATION, REMOVAL (SPECIFY) Removal		c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	UNERAL DIRECTOR  NAME  Anatomy	Board ADDRESS	Balto	250. DAT	4 10 Superior	b. REGISTPAR'S S	discours .

STATE OF MARYLAND



35655	1-	FOR STATE REGISTRAR		DEPARTN	ENT OF H	OF MARYLAI EALTH AND M CATE OF DI	ENTAL HYGI	REG. N	40.	4 1	2 6
nay be page 3		CEASED NAME FIRST	Lph Bab	bay'	and the same	ndelph	-B	5/2/85	MONTH	DAY YEAR	26. HOUR 1155 PM
off of	3. SE	Male	1. RACE Blac	k	5 DATE O	F BIRTH DAY	YEAR 85	6. AGE (IN YEARS LAST B	RTHDAY)	MONIHS DAYS	IF UNDER 24 HRS HOURS MIN.
death. Page uneral direct hin 72 hours		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIED WIDOWE	NEVER M		Baltimore City	OR COUN	City	MD.
by the fu	10. C	3altimare		HOSPITAL, NURSIN		1 4	Hespital	178 USUAL OCCUPATION OF WORK FOR MOST			OF BUSINESS OR
THE BE	30. 5	AL RESIDENCE IN NURSING HOSTATE	OUNTY	Baltone	N	13d. INSIDE CIT	TY LIMITS?	13e STREET ADDRESS			21223
(II)a	14. FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S	MAIDEN NAM	AE MIDDLE		Gur	stall
Poges /		VAS DECEASED EVER IN U.S VES, NO OR UNKNOWN) (18 YE	S. ARMED FORCES? S. GIVE WAR OR DATES!	16b SOCIAL SECU	RITY NO.	17 INFORMAN	VT \	ADDI	RESS		
physicia npaper maval.		18 CAUSE OF DEATH (Ent. PART I. DEATH WAS CA	er only one couse per NUSED BY: DIATE CAUSE (0)	line for (o), (b), one	Α	est				BETWEEN	MATE INTERVAL ONSET AND DEATH
death ceri attending nave carba astian, ar re roumatic e		Conditions, if any, which	DUE TO, OI	RAS A CONSEQUE	NCE OF						
by the asserem		gave rise to immediate cause (a), stating the underlying cause last	e DUE TO, OF	R AS A CONSEQUE	-						
quires signer fhen pl to buri njury, o	NO	PART 2 OTHER SIGNIFICA		ONTRIBUTING TO E	EATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR COI	NDITION G	IVEN IN PART 1	0
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physicii physicii rificate I-fransi al Hygi n 18 sh		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	DE DEATH HOUR AL	M. MONTH DA	Y YEAR	2)c. HOW INJ	URY OCCURR	ED (ENTER NATURE OF IN)	IURY IN ITEM T	B PART I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE			211. LOCATIO STREET	N	CITY OR T	OWN	COUNTY	STATE
ENDING tal ar att OR: After r use as th Health a		220.1 certify that (I) this h		e deceased from	0-1	d that in my	19 85	to May	Z,	. 19 <u>85</u>	that (1) we) lost

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: A should be detached far use with the State Dept. af Heal

IMPORTANT: If Item 21 is

TO HOSPITAL OR ATTENDI

3 24 FUNERAL DIRECTOR
NAME Anatomy Board

Removal

23a. BURIAL, CREMATION, REMOVAL

(SPECIFY)

sow the jeceosopolive on Mey 2 obove (I) we) Idial y did not) view the body ofter death

23b. DATE

5/9/85

Balto., Md.

M.D

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

DATE REC'D. BY REGISTIVAN 25 REGISTRAR'S SIGNATURE

Davidson-Rondon

MEDICAL

22c. DATE SIGNED

513/85

STATE

COUNTY

# FOR - STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-	A	1	2	1
	4	3	60	1

750. DATE REC'D. BY REGISTRAR 756 REGISTRAR'S SIGNATURE

MAY

	HE GIOTHIAN							RE	G. NO.		
	ECEASED NAME	FIRST		MIDDLE	0	AST		20. DATE OF DEA	нгиом НТ	DAY YEAR	26 HOUR
		Marya		h.	K	anson			05	0385	; 200 p
1. S	EX		I. RACE		5. DATE C		YEAR	6. AGE (IN YEARS L	AST BIRTHDAY)		
	tema	12	Bla	ck	12	3	41	43	YR		, HOURS MILE
1	BIRTHPLACE (STAT	E OR FOREIGN 7	L CITIZEN OF	WHAT COUNTRY?	8	NEVER A	AARRIED T	9. BALTIMORE C	TY OR COUN	NTY OF DEATH	
5	alto. A	Ad	oU.	S.A.	WIDOWE		VORCED [	act	4		N
1.	CITY OR TOWN OF	DEATH 1		HOSPITAL, NURSIN		OR OTHER INST	FITUTION	12a USUAL OCC			OF BUSINESS O
	Balt	0. 1	Franci	SCOT	+ Ke	6		A.T.T.	Com		phone
	STATE :	NUMBERG HOME OF COUNT		N, GIVE RESIDENCE BEFOR		13d. INSIDE C	ITY LIAA ITS2	13e.STREET ADDR	ESS / 7IP CC	ODE	2/22
	Md.	Ba	140	Danda	K	YES X	NO [	- 0	DINSO	/ /1 .	
	ATHER'S NAME	0	IDDLE	LAST		15. MOTHER'S	S MAIDEN NA	ME	DIE		
	Clit	ford	nobte	rarme	Y	B	lanch		L	-ewis	A31
60	WAS DECEASED E		NED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMA			DDRESS	1	A
-	(452' NO OK ANKNOM	(IF TES, GIVE	WAR OR DATES!	217-40-	1529	Edw	ard K	anson	10 K	obinso	1 AVO
_	18 CAUSE OF D	EATH (Enter only	y one cause pe	er line for (a), (b), an	nd (c).)					APPRO BETWEET	DXIMATE INTERVAL N ONSET AND DEATH
	PART I. DEAT	H WAS CAUSED	BY: CAUSE (0)	Cardio	Pulme	prairy	ares	st			
		MARCHAIL		OD AS A CONSEQU	THICE OF S	. 0	,				
	Conditions, if	nny which	DUE TO, C	OR AS A CONSEOU	ENCE OF	urombo	antope	nic a	inpun	a lest	than Zw
	gave rise to	immediate	10)_	00 10 105011	51105.05		01		1		114
		ouse lost.	1	or as a conseou	ENCEOF						
	PART 2 OTHER	SIGNIFICANT CO	ONDITIONS (	CONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR	CONDITION	GIVEN IN PART	1(0)
NO	1										
CERTIFICATION	19a DATE OF OP	ERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY			
TEK								YES NO		YES []	NO []
CER	21a. ACCIDENT WA		110110	OF INJURY	.v. v.	21c. HOW IN	JURY OCCUR	RED (ENTER NATURE C	F INJURY IN ITEM	1B PART I OR PART 2)	1
AL		MEDICAL EXAMINER		A.M. MONTH D P.M.	AT TEAK					IF UNDER I YEAR IF LE WONTHS DAYS HO  RS.  INTY OF DEATH  INDUSTRY  TELEPO  CODE  APPROXIMATE BETWEEN ONSE  I GIVEN IN PART 110  FYES, WERE FINDINGS ERTIFYING CAUSES OF 1 YES  No No I B PART 1 OR PART 2)  COUNTY  COUNTY  The County of the couses of 1 The County of the County of 1 The Cou	
MEDICAL	21d. INJURY OC		21e. PLACE	E OF INJURY		211. LOCATIO		CITY	ORTOWN	COUNTY	STATE
Z	WHILE NO	OT WHILE	(AT HOME S	TREET, FACTORY, OFFICE,	FARM, ETC }	SIREE		CIT	ORTOWN	0001411	31816
			of) ottended t	the deceased from_		4/21	19 8	5	3	, 19 81	that (I) we) la
	saw the de	ceased alive an_	5	3 19	85 . 01	nd that in (my)	(aur) apinian a	death occurred an	the date and	haur and fram th	ne couses stated
	22b. SIGNATURE	ve{(did)(did not	view the bod	ly ofter death.		DEGREE	-	-	20195	22c. DA1	TE SIGNED
	(A) ore	Alan It	nosta	2 mg	4-		ATTENDING	MEDICAL	STAFF	5	3/80
	22d. PHYSICIAN	SNAME (TYPE OR	PRINU	1		22e ADDRES	PHYSICIAN [	DIRECTOR PI	TISICIAN		~(0)
	1290	CHIAS	YOUR	05		T	SKIN	10			
_	,,,,,,	0410	T	1			0/4.	Ton Location			
730	BURIAL, CREMATI	ON, REMOVAL	236. DATE	100	1	EMETERY OR	REMATORY	23d. LOCATION	WN	COUNTY	STATE
_	Buria	1	517	107	-eac	ir H	100 000	Da	140	DICTO ADIC CITY	Ma.
74.	FUNERAL DIRECTO	)K					730. DAI	E REC'D. BY REGIS	TRAK 156 KEG	213 I KAK S SIGN/	ATUKE

1701 Laurens

DHMH - 16 50M 4/83 (VRA 15, 4)

MA. MORTONIS

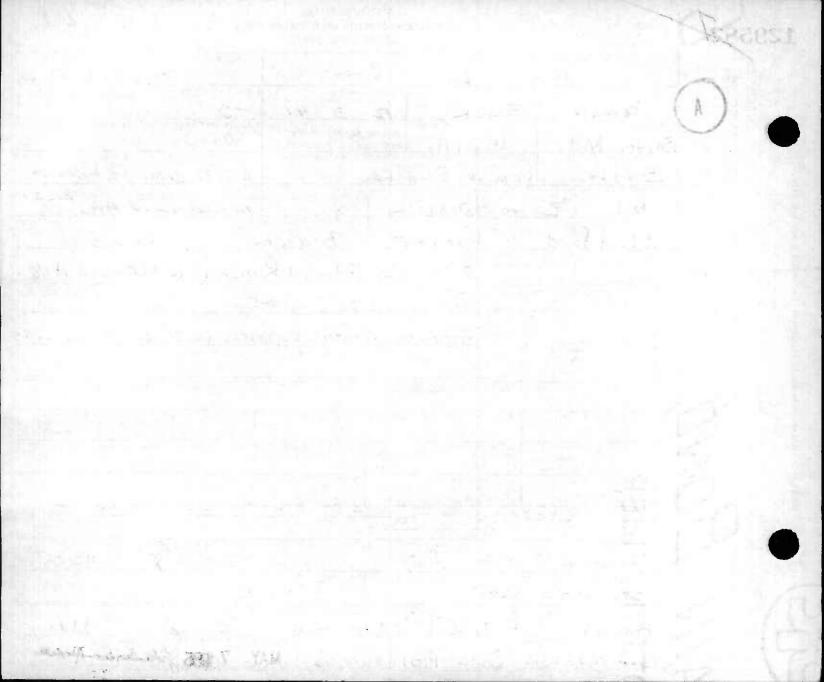
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the

OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the haspital ar attending physician.

BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the

should be detached far use as the burial-transit permit. Then please remove c with the State Dept. of Health and Mental Hygiene priar to burial, cremotion,

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

etoined by the hospital ar attending physician

TO HOSPITAL

BP

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

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REG. NO.					

was sunder- Hands

	ALE  SIRTHPLACE (STATE OR FOREIGN COUNTRY)  ATYLAND  ATYLAND  BALTIMOTE  JAL RESIDENCE (IF NURSING-HOME OF STATE  TANK  WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN)  18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE  CONditions, if ony, which gove rise to immediate couse (ol), stoffing the underlying couse lost.  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DI AT WORK  210. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED  WHILE						REG. NO.					
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7a. BIR	RTHPLACE (STATE	OR FOREIGN	76. CITIZEN O	F WHAT COUNT	DVO 0		9	BALTIMORE CITY OR		DEATH		-
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		EATH						O USUAL OCCUPATION			F BUSINE	SS
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Ma:	ryland	- V								e,Apt	.1-0	)
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Fra			MIDDLE		nd			MIDOLE		Janko	wicz	
				166 SOCIALS	ECURITY NO.	17. INFORMANT	41.7	ADDRESS			29/11	
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	PART I. DEATH	WAS CAUS	D BY:			HANKCAL	M	SSOCIATI	dN	-	-	0
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			DUE TO,	OR AS A CONSE	OUENCE OF	LEADT	- 1	VIST AC =	T-17		DATS HOURS  EATH  Y  KIND OF BUSINE  S LOCAL  21204  2, Apt.1-0  FART 110  E FINDINGS USED  CAUSES OF DEAT  NO  RPART 2)  PART 2)  SC. DATE SIGNED  S. DATE SIGNED  S. DATE SIGNED  S. DATE SIGNED  S. DATE SIGNED	
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7	PART 2 OTHER S	IGNIFICANT	CONDITIONS	CONTRIBUTING	TO DEATH BUT	NOT RELATED TO TH	IE TERMIN	AL DISEASE OR CONDIT	ION GIVEN	IN PART 110		
CATION								To a sure posses	N IF VEC. 14	FRE FINISH		
OA	19a DATE OF OPE	RATION	196 CON	DITION FOR WH	HICH OPERATIO	N WAS PERFORMED						
CERTIF	The second of	-			The Park			YES NO	YES [		NO [	
E E			1110110		DAY YEAR	21¢ HOW INJURY C	OCCURRED	ENTER NATURE OF INJURY I	ITEM 18 PART	OR PART 2)	16.15	
A		_	AID									
MEDICAL			21e. PLAC	E OF INJURY						4.0		
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100	, ,		7			that in (my) (aux) a	pinion de	oth occurred on the data	nod haw ==		- 1	,
1	obove, (1) (we			y ofter death.			pinon dec	an occurred on the dote	ond noor on			orec
	226. SIGNATURE	00	0.4	0 1					1	22c. DATE	SIGNED	6.
	100	Cel	veil	4500	1			MEDICAL STAFF DIRECTOR PHYSICIAL	10	51	29/	83
	22d. PHYSICIAN'S	NAME (TYPE	OR PRINT)	-				- 14 0 - 0	X	1	-4	
N	AC	BER	t a	208A		UNIOR	ME	EMORLA	Ct	+05	P1-	TA
		N, REMOVA	23b. DATE		23¢ NAME OF C	EMETERY OR CREMA	TORY	23d. LOCATION	cc	OUNTY		STATI
	rial		6-1-8	35	Parkwoo	bc		Parkville,		alto.		M
-	INERAL DIRECTOR					12	Se DATE R	REC'D. BY REGISTRAR 251				

ADDRESS 1050 York Rd.

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

DHMH - 16 50M 4/83

24. FUNERAL DIRECTOR

(VRA 15, 4)

133520	1.	FOR STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 👸 💆	1 4	1 2 9
(, r)		CEASED NAME FIRST	MIDDLE		ÄŠT		MONTH DAY YEA	7.42
2 (1)		Rev. Jame	G.	RE	00		5 8 53	5 12 AM
ge 4 moy	3 SE)	m	1. RACE	S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRT	YRS.	AYS HOURS MIN.
deoth. Page		RTHPLACE (STATE OR FOREIGN OUNTRY) VIRGINIA	76. CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	BALTIMORE CITY OF		MD.
s ofter d		BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET UNIV OF MD			12g. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		ID OF BUSINESS OR
filled in		AL RESIDENCE (IF NURSING HOME O TATE 13b COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW	/N	13d. IN SIDE CITY LIMITS?	13. STPFET ADDRESS / 401 East	LII CODE	1218 . Apt. 3F
mpletely	4 FA	THER'S NAME FIRST  JUSTICE	MIDDLE REPORT		15. MOTHER'S MAIDHAT	TIE MIDDLE	TA	HAST HYLOR
execut ond co oges,		VAS DECEASED EVER IN U.S. A	VE WAR OR DATES!		17. INFORMANT	ADDRE		
that the death certificate be by the attending physician cose remove corban papers. Poly, cremotion, or removal. or other troumatic event, the management that the management is a second to the companion or other trounds or othe		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per line for (o), (b), or	INS	Hattie Chi	105 401 E.		POZIMATE INTERVAL FEN OMSET AND DEATH
equires in signer Then pl The buri	NO	PART 2. OTHER SIGNIFICANT SUBDIPAL	CONDITIONS CONTRIBUTING TO HEMATOMA	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN PAR	Tito
he low re on. hos been t permit. t permit.	CERTIFICATION	190 DATE OF OPERATION 4/11, 4/17, 4/17	SUBDIFICE HE			200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	
PHYSICIAN: The ending physicic this certificate te buriol-fronsit do A or Item 18 ships dor Item 18 ships		21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART TOR PART	2)
ING PHYS r offendin After this os the bur Ith ond Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM, ETC )	21f. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
TTEND or ITEND or ITEND or ITEND or ITEND of Heal of Heal			n	0.00	nd that in (my) compinion of	, to	te and hour and from	the couses stated
TAL OR A by the hos by the hos RAL DIREC detoched tote Dept.	4	27h. SIGNATURE	Leur mo			MEDICAL STAF DIRECTOR PHYSIC		18/85
TO HOSPITAL (retained by the To FuneRal I should be deto with the Store IMPORTANT: If			ERRARD, mo		<u></u>	PARYLAND HO	SPITAL, BAL	T, MO 2120
BP		BURIAL, CREMATION, REMOVA SPECIFY) BURIAL	Control of the Contro		EMETERY OR CREMATORY Hill Cemete	23d LOCATION CITY OR TOWN TV Anne A	rundel Co	STATE
DHMH - 16 50M 4/83	_	JNERAL DIRECTOR	ADDRESS		25a DAT	E REC'D. BY REGISTRAR	ACL DE CHATBARIC CAC.	
(VRA 15, 4)	TATE	n C March E/	H Inc 1101 F	Nort	h Avenue N	1AY 9 1985	11 manual	21- 11

1101 E North

Wm C March F/H Inc.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

07/84 25M

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1	Cheel	
DEC	NO	17	

Linda V. BACE ISTANCE   S. DATE OF BRITH   S. AGE (PITTARE)   FUNDER 174   S. DATE OF BRITH   S. BRITHOLOGY   MATERIAL   S. DATE OF BRITH   S. BRITHOLOGY   MATERIAL   S. DATE   MODIFY ON THAT COUNTY OF DEAD   D. C. 21, 1945   39 ves   MODIFY   MATERIAL   S. DATE   MODIFY ON THAT COUNTY OF DEAD   D. C. S. DATE   MODIFY ON THAT COUNTY OF DEAD   D. C. DATE   D. C. S. DATE   MODIFY ON THAT COUNTY OF DEAD   D. C. DATE   D. C. S. DATE   MODIFY ON THAT COUNTY OF DEAD   D. C. DATE   D. C. DATE   D. C. DATE   D. C. C. DATE   D. C				٨								RE	G, NO.		1 0	)
Linda   V.   Reed   Soare of Birth   S	1. DECE	ASED NAME	FIRST		MIDDLE		Ĺ	AST						MONTH	DAY Y	YEAR
Pemale   White   Dec. 21, 1945   39 yes.   Power   P	(TIPE O	K PRINT)	Lin	nda	V.		Re	eed				1 MATE	DX	5	7 19	85
Pemale   White   Dec. 21, 1945   39 YRS	3. SEX	4. RA	CE	5. DATE OF BIR									1	MONTH	DAY	YEA
MARRED   NOVER D   NOTE OF MARRED   NOVER D   NOTE OF DEATH   NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   178 USUAL OCCUPATION (1976 OF WORK   178 NIND)   178 USUAL OCCUPATION (1976 OF NIND)   178 USUAL OCCUPATION (1976 OF WORK   178 178 USUAL OCCUPATION (197	Fema	le Wh.	ite	Dec . 23	, 1945	39 YR	Morania	DAYS	HOURS	MIN.				5	10 19	8
Maryland   U.S.A.   WIDOWED   DMORED   Baltimore City	Ja. BIRTI	HPLACE (STATE OF	3			TRY?	MARRIE	D NE	VER MARR	RIED 🔲	9 BALTI	MORE C	ITY OR	COUN	TY OF DEAT	TH
Baltimore  6220 Pilgrim Road  USUAL RESDENCE (I PM NURSHOOD OLD OF THE INSTITUTION, CHY BESTERED BROADS ON THE MATERIAL RESDENCE (I PM NURSHOOD OLD OF THE INSTITUTION, CHY BESTERED BROADS ON THE MATERIAL RESDENCE (I PM NURSHOOD OLD OF THE INSTITUTION, CHY BESTERED BROADS ON THE MATERIAL RESDENCE (I PM NURSHOOD OLD OF THE INSTITUTION, CHY BESTERED BROADS ON THE MATERIAL RESDENCE (I PM NURSHOOD OLD OF THE INSTITUTION, CHY BESTERED BROADS ON THE MATERIAL RESDENCE (I PM NURSHOOD OLD OLD OLD OLD OLD OLD OLD OLD OLD	Mary	land														_
USUAL RESIDENCE   PANALISMO GOME OCHER MISTRUTION, GOMERS STATE   Maryland   The COUNTY   The	10. CITY	OR TOWN OF DI	EATH				, OR OTHE	RINSTITU	TION	FOR	MOST OF WO	ORKING LIFE	E)	OF WORK	OR IND	
136 STATE MARY   136 COUNTY	LICITAL									Ho	me M	aker				_
FIRST Gray  Booker  Cozell  Booker  Cozell  Purd  For No  Description  For No  The Cause of Death (Enter only one couse per line for (o), (b), ond (c).)  PART I DEATH WAS CAUSED BY  I CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I DEATH WAS CAUSED BY  I CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I DEATH WAS CAUSED BY  I CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I DEATH WAS CAUSED BY  I CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I DEATH WAS CAUSED BY  I CONDITION ON AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate couse (o) storing the underlying couse lost  (c)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART I DIRECTION  I 198. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS  UNDORNYING OR  CONTRIBUTIONS OUT THE UNIT OF INJURY  HOUR A.M. MONTH DAY YEAR  CONTRIBUTIONS CAUSE OF DEATH  P.M.  210. EXTERNAL CAUSE WAS  UNDORNYING OR  CONTRIBUTIONS CAUSE OF DEATH  P.M.  211. HOW INJURY OCCURRED INJURY NOT COUNTY  AMONTH DAY YEAR  CONTRIBUTIONS CAUSE OF DEATH  P.M.  212. INDURY (ATHOMA:  SIREE! CITYOR TOWN  COUNTY  ACTUAL  SIGNAL OF PRINT)  PART I DISTANCE OF THE REMINE OF INJURY ACTORY, AMA, ETC.)  ITILE (SPECIFY)  D ACTING CHICAGON, COUNTY  CRANINGER'S NAME  THOMAS D. Smith, M.D.  ADDRESS 111 Penn St. Balto.MD.  210. BURIAL, CREMATION, REMOVAL 128 DATE  SIGNED 5/13/85  Westview  COUNTY	13a. STA	TE			13c CITY	OR TOWN	)N)		_				m R	d. 2	21214	
Booker   Cozell   Purd	14. FATH	ER'S NAME		MIDDLE		LAST		15 MOTH	ER'S MAID	ENNAME		MIDDLE			LAST	_
Recommendate   Countrions   C		Gray			Boo	oker				11					Purd	
SECULD OF DEATH (Enter only one couse per line for (a), (b), and (c.)	(YES, I	NO, OR UNKNOWN)									~					
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic ethanolism  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (a) storing the under- lying couse lost:  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 10 DEATH NUT NOT RELATED 10 THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  198. DATE OF OPERATION  199. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR PART 1 OR PART 2 OR ALL WAS							2	Mrs	. Val	erie	Scu	aaer	41	4 Pn		_
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (o) Stating the under- lying couse lost.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 i.e.  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  21c. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR STREET, FACTORY, FARM, ETC.)  21c. INDUSTRIAN OR CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.)  21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.)  21d. Inspection Inquiry Industry Occurred Inquiry Industry Industry Occurred Inquiry Industry Industry Occurred Inquiry Industry Industry Occurred Inquiry Industry Industr	18	PART I DEATH	MALLE CALLES	ED DV											BETWEEN	X IA
AT WORK  The Levelly Hold took charge of the remains described and autopy M. Inspection, Inquiry, and in my apinion death resulted from  ACTUAL STANDARD Thomas D. Smith, M.D. ADDRESS 111 Penn St. Balto.MD.    EXAMINER'S NAME   Thomas D. Smith, M.D. ADDRESS 111 Penn St. Balto.MD.    2306 BURGLAL CREMATION, REMOVAL   23b DATE   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION CITY OR TOWN COUNTY   23d. LOCATION CITY OR TOWN C		ART 2 OTHER SIGNIFIC	ANT CONDITION	S CONTRIBUTING TO DE	ATH BUT NOT RELA	TEO TO THE TERMI	NAL OISEASE	OR CONDITIO	N GIVEN IN P	ART Lio.					750	
AT WORK  The I certify that took charge of the remains decreased above held an Autopay X, Inspection , Inquiry , and in my apinion death resulted from leaf took country  ACTUAL SONATURE  EXAMINER'S NAME (TYPE OR PRINT)  Thomas D. Smith, M.D. ADDRESS 111 Penn St. Balto.MD.  2306. BURGO FERMATION, REMOVAL 23b DATE (SPECIFY)  (SPECIFY)  2306. NAME OF CEMETERY OR CREMATORY  (SPECIFY)  Cremation 5/13/85  Westview Baltimore Md.	CATIO	a. DATE OF OPE	RATION	19b. COI	NDITION FOR V	WHICH OPER	ATION WA	AS PERFOR	MED?						20 AUTO	OP
AT WORK  The least of the remains decreased above held an Autopy X Inspection . Inquiry . and in my apinion death resulted from the least of the remains decreased above held an Autopy X Inspection . Inquiry . and in my apinion death resulted from the least of the remains decreased and in my apinion . Title (SPECIFY)  ACTUAL SPECIFY DATE SIGNED 5/  EXAMINER'S NAME (TYPE OR PRINT)  Thomas D. Smith, M.D. ADDRESS 111 Penn St. Balto.MD.  230. BURGAL, CREMATION, REMOVAL 23b DATE (SPECIFY)  Cremation 5/13/85 Westview Baltimore Md.	Ē.												٠		YES	X
AT WORK  The least of the remains decreased above held an Autopy X Inspection . Inquiry . and in my apinion death resulted from the least of the remains decreased above held an Autopy X Inspection . Inquiry . and in my apinion death resulted from the least of the remains decreased and in my apinion . Title (SPECIFY)  ACTUAL SPECIFY DATE SIGNED 5/  EXAMINER'S NAME (TYPE OR PRINT)  Thomas D. Smith, M.D. ADDRESS 111 Penn St. Balto.MD.  230. BURGAL, CREMATION, REMOVAL 23b DATE (SPECIFY)  Cremation 5/13/85 Westview Baltimore Md.	CAL CE	NDERLYING ONTRIBUTING	OR CAUSE OF	DEATH HOUR	A.M. MONTH P.M.		21c HO	W INJURY	OCCURR	ED LENTER	NATURE OF I	MJURY IN IT	TEM 18 PA	ART 1 OR PA	ART 2)	
Hamicide   Undetermined manner   ACTUAL STATE   SIGNED   M.D. ACTUAL EXAMINER   DATE SIGNED	WEDI V										CITY OR T	OWN		co	YTMUC	
(TYPE OR PRINT) Thomas D. Smith, M.D. ADDRESS III Penn St. Balto.MD.   230. BURIAL, CREMATION, REMOVAL 236 DATE   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION CITY OR TOWN COUNTY   Cremation   5/13/85   Westview   Baltimore Md		/			day obo	TV1	cide 1	Hami	PECIFY)	Undet	ermined r	nanner	and			1
Cremation 5/13/85 Westview Baltimore Md	A		VA	nus	NI	nu	CAN.	0,2,000		TTCHED	ICAL EXA	MINER			ED	=
REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DETH REGINO.  DECEASED NAME (1976 GARRH)  Linda V.  Reed Reed Reed DATE KNOWN   GARRH MATED REST   GAR		ED 3/														
Linda V.  Reed    Soate of Birth   Mary   Dec. 21, 1945   Saste of Birth   Dec. 21, 1945   Saste of																

	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 ma retained by the haspital ar attending physician.
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1	1	FOR STATE	DEPAR	STATE OF MARYLAND MENT OF HEALTH AND MENT		14131
130572		REGISTRAR CEASED NAME OR PRINT)	MIDDLE	CERTIFICATE OF DEAT	REG. 1	MONTH DAY YEAR 26 HOUR
may be	3 SE	Vilto	N RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST E	S-7-85 M  IRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS  MONTHS DATS HOURS MIN.
Page 4			B/K,	8 9 7	9 BALTIMORE CITY	YRS OR COUNTY OF DEATH
death.	10 C	TY OR TOWN OF DEATH	U. S. A.	MARRIED NEVER MARRI WIDOWED DIVORCI	ED BAH	more City MD
201 Softer	10 C	BAlto.	(IF NOT IN SUCH FACULTY, GIVENTEI	DO 5	ON 12a USUAL OCCUPA (TYPE OF WORK FOR MOST	
AND 212	13a .	AL RESIDENCE (IF NURSING HOME OR C STATE	OTHER INSTITUTION, GIVE RESIDENCE BEFO	re action 3100) 13 <b>d.</b> Inside City Lia Yes No	MITS? 13e. STREET ADDRESS	Robb St. 21218
MARYLA within		HRThur	Reco	1////	RIE	Vou vo
TIMORE be execu		VAS DÉCE ASED EVER IN U.S. ARN VES NO OR UNKNOWN) (IF YES GIVE	MED FORCES? 166 SOCIAL SEC WAR OR DATES) 228-18	1 .	Joves 202	4 Robb St.
ST., BAL		18 CAUSE OF DEATH: Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	Renal Failur		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RESTON  e death ce mave cort ortion, or traumatic		Canditians, if any, which	Due to, or as a conseou	Tract outflow O	bstruction	
that the d by the lease remial, crema		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEON	Pelvie Abscess	us.	
RDS, 20 equires on signed Then ple 19 burin	NO	Part 2 OTHER SIGNIFICANT CO	HEORY HEAVING TO	Por elative Hear	HE TERMINAL DISEASE OR COI	NDITION GIVEN IN PART I (a
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ratending physician.  Wher this certificate has been signed by the attending physician and certificate has been signed by the attending physician and certificate has been signed by the attending physician and certificate has been signed by the attending physician and certificate has been signed by the attending physician and attended at the and Mental Hygiene prior to burnol, cremation, are mentally attended at them 18 shows any injury, at other traumatic event, the mental of page 120.	CERTIFICATION	190 DATE OF OPERATION	16 CONDITION FOR WHIC	OPE ATION WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
PHYSICIAN: Thending physiciths certificate be buriol-transing dor them 18 sh		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH [	PAY YEAR	OCCURRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART 1 OR PART ?)
DIVISION OF PHYSICA After this ce e as the burial plant and Men marked or the	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	211 LOCATION	CITY OR T	OWN COUNTY STATE
DIVI		220 I certify that (I) (this hospite saw the deceased alive an	April 30	Circuit "	apinian death occurred on the	3 . 19.85 , that (1) [last date and haur and from the causes stated
he he		abave, (I) (ve) (den (did nat)	Wiew the body after death.	DEGREE	DING MEDICAL ST	22c. DATE SIGNED
TO HOSPITAL O TO FUNERAL D should be detoc with the State D		220. PHYSICIAN'S TOPE OR	PRINT)	PHYSIC 22,e. ADDRESS	./010./1	
		URIAL, CREMANON, REMOVAL		NAME OF CEMETERY OR CREMA		COUNTY MSILE
BP	24. FI	DURINI INERAL DIRECTOR	5-7-85 1	M. Zión	250. DATE REC'D. BY REGISTRA	
(VRA 15, 4)	_/	UMC BROWN	1206 W. 100	Rth Hue.	MAY 8 186	Fisher Davidson-Mandall

it into a second of the second Commence of the second of the SA TO 1 2024 10 16 3 11 11 The work was a second of the s THE THE SECOND COUNTY AND A SECOND SE L 01 BURN 5-12-85 114 216 State of Louis Andrew 18 to 
# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

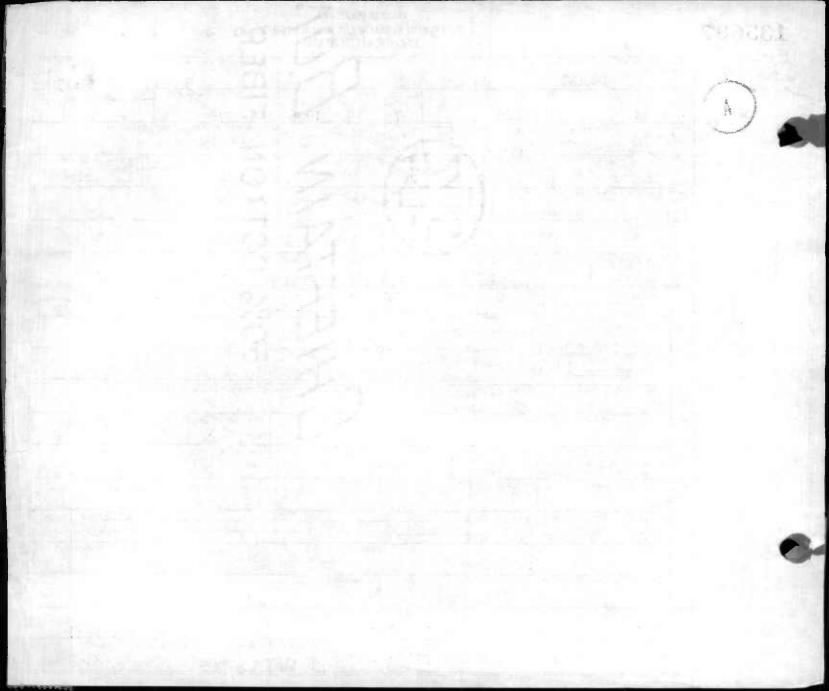
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- 1		REGISTRAR		CEKITIF	ICATE OF DE	AIR	REG. N	0.		
-		CEASED NAME FIRST	WIDDLE	i.	AST			MONTH	DAY YEAR	2h HOUR
П	TYPE	CHARLES	WII-BERT	REE	DA			5 1	0 85	9.25P M
	3. SEX		I. RACE	5. DATE C	OF BIRTH		6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	R IF UNDER 24 HRS
		MALE	WHITE	7	9	1906	78	YRS.	MONTHS DAYS	HOURS MIN.
4			LE CITIZEN OF WHAT COUNTRY?	8	DXX NEVER MA	DDIED [	9 BALTIMORE CITY C			
2		Virginia /	U.S.A.	WIDOWE		RCED	Baltimore	City		MD
9	Ba	ty or town of death  ltimore	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AS AGNES HOSPI	tal	OR OTHER INSTIT	UTION	120 USUAL OCCUPATION OF COMPRESSION Retired		LIFE) INDUSTRY	of Business OR
3	13a. S	AL RESIDENCE (IF NURSING HOME OR C	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY 136, CITY OR TOW		1 13d. INSIDE CITY	LIMITS?	13e.STREET ADDRESS	/ ZIP COE	DE .	
7	Ma	ryland Balti			YES N	10 🖸	715 Holl	ow Rd		)43
Ž	1	thêr's NAME te Wilbert R	eedy	36	15. MOTHER'S N		red Estep		Ł.	AST
2		VAS DECEASED EVER IN U.S. ARA		RITY NO.	17. INFORMAN	T	ADDRI	ESS		
4	(1)	res, no or unknown) (15 yes. give	212 05 7	7373 I	Mrs M	ary Re	edy 715 I	Hollo		21043
		PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b), and BY: E CAUSE (a)	roll	rolion	brok	onory a	rest	APPRO BETWEEN	NIMATE INTERVAL NONSET AND DEATH
		Canditians, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF	plein	. se	liocle		5	lious
		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF	isl m	ufor	ction		12	lour
	NOI	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO E Lestro intesti	MOL MOL	Relected	policie	INAL DISEASE OR CON	DITION G	IVEN IN PART	lio
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORM	MED V	200 AUTOPSY?	IN CERT	ES, WERE FIND IFYING CAUSE IES []	
1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		YEAR	21c. HOW INJU	JRY OCCURR	ED (ENTER NATURE OF INJU	IRY IN ITEM 18	PART : OR PART 2)	
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.	ARM ETC )	211. LOCATION STREET		CITY OR TO	)wn	COUNTY	STATE
		220.1 certify that (1) (this haspit saw the deceased alive an abave, (1) (we) (did) (did not		£5'.01	nd that in (my) (a	19	death accurred an the d	O late and ho	19 25 our and fram th	, that (1) (we) last ie causes stated
		22b. SIGNATURE M. C	Mocivilis			TENDING _	MEDICAL STA		22c. DA1	TE SIGNED
		22d. PHYSICIAN'S NAME (TYPE OF	CIULIS		22e ADDRESS					
	En	BURIAL, CREMATION, REMOVAL COMDMENT		restla	emetery or cr awn			Howar		rland STATE
		บทัศรัสเปรี่หีรัฐบาร เทารูฟฟ์H Witzke 41	12 Columbia Ras	Ellíco	ott City		E REC'D. BY REGISTRAN	25b REGIS	Javidson	ATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE,

(VRA 15, 4)

DHMH - 16 60M 7/B4



# 135618 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hou TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached far use as the burial-transit permit. Then please remove carban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

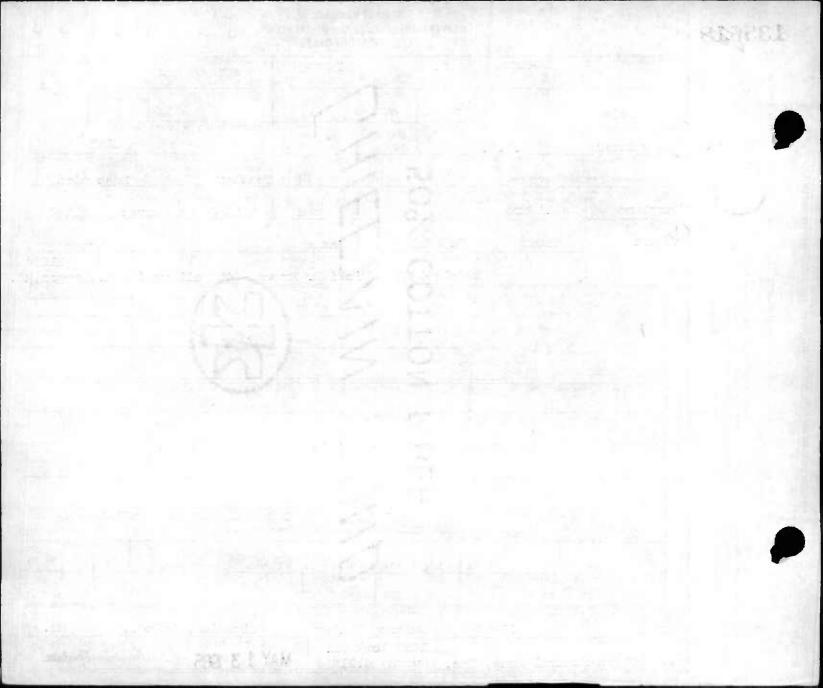
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3. SE.	× Female	4 RACE	White	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UI		FUNDER 24 HR
	IRTHPLACE (STATE OR F	OREIGN 76. CITIZE	N OF WHAT COUNTRY?	8 MARRIEI	D NEVER MARRIED	9 BALTIMORE CITY O	COUNTY OF		
_	ennsylvania		S.A. E OF HOSPITAL, NURSIN	WIDOWE		120 USUAL OCCUPAT		12b KIND OF	RUSINESSO
13	altime		IN SUCH FACILITY, GIVE STREET		N HOSPITAL	(TYPE OF WORK FOR MOST O	OF WORKING LIFE)	Educat	
13a S		ING HOME OR OTHER INSTE 1836 COUNTY Baltimore	130. CITY OR TOW		13d Inside City Limits? YES NO 🛣	13e.STREET ADDRESS 2625 Jops		ice 2	21234
	ATHER'S NAME Bert	Peter	Schame	1	15. MOTHER'S MAIDEN NAME FIRST Maude	WE		LAST Ada	ms
	WAS DECEASED EVER	IN U.S. ARMED FORG		IRITY NO.	17 INFORMANT	ADDRI	ESS	*****	2120
No	TES, NO OR UNKNOWN)	(IF TES, GIVE WAR OR DA	220-18-1	677	Vicki R. Bro	wn - 4H Fel	lowship	Ct.,1	owson
	PART I. DEATH W Conditions, if any,	AS CAUSED BY IMMEDIATE CAUSE  DUE  which	se per line for (0), (b), on (0) Mas Ja TO, OR AS A CONSEQUE (b) Medas Ja	tic i	pateell	ea hus	NOI .		ATE INTERVAL SEY AND DEATH
	gove rise to imm couse (o), statin- underlying couse	g the DUE	TO, OR AS A CONSEQUE		1200 000	co y si			
IFICATION	couse (o), stating underlying couse	g the DUE	c)	DEATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES, W	ERE FINDING	F DEATH?
CAL CERTIFICATION	couse (o), stating underlying couse  PART 2. OTHER SIGN	g the lost DUE  VIFICANT CONDITION  TION  19b. C  DERLYING 21b. T  CAUSE OF DEATH	c)NS CONTRIBUTING TO I	DEATH BUT		20a AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES	ERE FINDING G CAUSES O	SS USED OF DEATH?
MEDICAL CERTIFICATION	PART 2. OTHER SIGN  19a. DATE OF OPERAT  21a. ACCIDENT WAS UND  OR CONTRIBUTING	g the lost DUE  NIFICANT CONDITIO  TION 19b. C  DERLYING 21b. T  CAUSE OF DEATH  CALEXAMINER)  RED 21e. P  (AT HO	ONDITION FOR WHICH	OPERATIO  AY YEAR  19	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WIN CERTIFYIN YES THE STEM 18 PART I	ERE FINDING G CAUSES O	F DEATH?
	PART 2. OTHER SIGN  19a DATE OF OPERAT  21a. ACCIDENT WAS UND OR CONTRIBUTING CIFETHER, NOTHY MEDIC  21d. IN JURY OCCURR WHILE NOT WHAT WORK AI WOR  22a. I certify that (1) sow the decease above, (1) (we) (6)	g the lost DUE  NIFICANT CONDITIO  TION 19b. C  DERLYING 1  CALEXAMINER)  RED 21e. P  (AT HO   ONDITION FOR WHICH  IME OF INJURY JR A.M. MONTH D. P.M.  LACE OF INJURY  MACE	OPERATIO  AY YEAR  19  FARM, ETC.)	216. HOW INJURY OCCURR 211 LOCATION STREET  19  ond that in (my) (our) opinion of	200 AUTOPSY?  YES NO CED (ENTER NATURE OF INJUING OF ICE)	20b. IF YES, WIN CERTIFYIN YES THE TITLE THE TENTH TO THE TENTH TE	COUNTY , th	STATE  of (I) (we) louses stoted	
	COUSE (0), stating underlying couse  PART 2. OTHER SIGN  19a, DATE OF OPERAT  21a, ACCIDENT WAS UND OR CONTRIBUTING COURE WHIE NOTHY MEDIC  21d, IN JURY OCCURE WHIE NOT WHAT WORK AT WORK  22a, I certify that (1) Sow the decease above, (1) (we) (6)  22b, SIGN ATURE	g the lost DUE  NIFICANT CONDITIO  FION 19b. C  DERLYING 21b. T  LAUSE OF DEATH HOU  CALEXAMINER)  RED 21e. P  (AT HO  (Ithis hospital) attended alive an additional view the	ONDITION FOR WHICH  IME OF INJURY JR A.M. MONTH D. P.M.  LACE OF INJURY  MACE	OPERATIO  AY YEAR  19  FARM, ETC.)	216 HOW INJURY OCCURR 216 LOCATION SIREET  19 and that in (my) (our) apinion of DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  death occurred on the d	20b. IF YES, WIN CERTIFYIN YES WIN ITEM 18 PART I	COUNTY	STATE  of (I) (we) louses stoted
	PART 2. OTHER SIGN  19a DATE OF OPERAT  21a. ACCIDENT WAS UND OR CONTRIBUTING CIFETHER, NOTHY MEDIC  21d. IN JURY OCCURR WHILE NOT WHAT WORK AI WOR  22a. I certify that (1) sow the decease above, (1) (we) (6)	g the lost DUE  NIFICANT CONDITIO  FION 19b. C  DERLYING 21b. T  LAUSE OF DEATH HOU  CALEXAMINER)  RED 21e. P  (AT HO  (Ithis hospital) attended alive an additional view the	ONDITION FOR WHICH  IME OF INJURY JR A.M. MONTH D. P.M.  LACE OF INJURY  MACE	OPERATIO  AY YEAR  19  FARM, ETC.)	216. HOW INJURY OCCURR  216 LOCATION STREET  19  19  10  10  10  10  10  10  10  10	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  death occurred on the d	20b. IF YES, WIN CERTIFYIN YES WIN ITEM 18 PART I	COUNTY , th	STATE  of (I) (we) louses stoted
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DHMH - 16 60M 7/84 (VRA 15, 4)

Ruck Towson Funeral Home, Inc.

BP.



y the funeral director, page 3 led within 72 hours after death

# STATE OF MARYLAND DEP

ARTMENT	OF I	HEALTH	AND	MENTAL	HYGIENE
CE	RTII	FICATE	OF	DEATH	

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It FATHER'S NAME   Nathaniel   Nathaniel   Reynolds   Reynolds   Reynolds   Nathaniel   Nathaniel   Reynolds   Reynolds   Nathaniel   Na	130	STATE 13h COL			138. INSIDE CITY-LIMITS?	13e.STREET ADDRESS	ZIP CODE	
Nathaniel Reynolds  Reynolds  186 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO. 17 INFORMANT  ADDRESS  WYS. Vernice Reynolds - Same as #13  18 LAUSE OF DEATH LENE only one couse per line lor (a), (b), odd (c)  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate couse lost.  (c)  Carcino nation of the underlying couse lost.  (c)  Carcino nation nation of the underlying couse lost.  (d)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1:0  196 DATE OF OPERATION  196 DATE OF OPERATION  197 DATE OF OPERATION  198 CONDITION FOR WHICH OPERATION WAS PERFORMED  199 DATE OF OPERATION  190 DATE OF OPERATION  190 DATE OF OPERATION  190 DATE OF OPERATION  191 ACCORNI WAS UNDERLYING  191 ACCORNI WAS UNDERLYING  191 ACCORNI WAS UNDERLYING  192 ACCORNI WAS UNDERLYING  192 ACCORNI WAS UNDERLYING  193 INJURY OCCURRED  194 INJURY OCCURRED  195 INJURY  195 INJURY OCCURRED  196 INJURY  197 INTURE NATURE OF INJURY  197 INJURY OCCURRED  198 INJURY OCCURRED  199 INDURY ON INJURY  190 INJURY OCCURRED  190 INDURY ON INJURY  190 INJURY OCCURRED  190 INJURY OCCURRED  190 INDURY ON INJURY  190 INJURY OCCURRED  190 INJURY OCCURRED  190 INJURY OCCURRED  190 INJURY OCCURRED  190 INDURY ON INJURY  190 INJURY OCCURRED  190 INJURY OC			Ba	alto.	60		view Ave.	21216
Nathaniel Reynolds  186 WAS DECEASED EVER IN U.S. ARMED FORCES?  187 (MAS DECEASED EVER IN U.S. ARMED FORCES?)  188 WAS DECEASED EVER IN U.S. ARMED FORCES?  189 (MAS DECEASED EVER IN U.S. ARMED FORCES?)  180 (MAS DECEASED EVER IN U.S. ARMED FORCES?)  180 (MAS DECEASED EVER IN U.S. ARMED FORCES?)  181 (MAS DECEASED EVER IN U.S. ARMED FORCES?)  182 (AUSE OF DEATH LEnter only one cause per line log (a), (b), (d) (c.)  183 (AUSE OF DEATH LEnter only one cause per line log (a), (b), (d) (c.)  184 (AUSE OF DEATH LENter only one cause per line log (a), (b), (d) (c.)  185 (AUSE OF DEATH LENter only one cause per line log (a), (b), (d) (c.)  186 (AUSE OF DEATH LENter only one cause per line log (a), (b), (d) (c.)  187 (AUSE OF DEATH LENTEr only one cause per line log (a), (b), (d) (c.)  188 (AUSE OF DEATH LENTEr only one cause per line log (a), (b), (d) (c.)  189 (AUTOPSY)  180 (AUTOPSY)	14. F.		MIDDLE	AST				IAST
NO					FIRST			
No   212-01-7904   Mrs. Vernice Reynolds - Same as #13				AL SECURITY NO.	17 INFORMANT	ADDRE	SS	
18 CAUSE OF DEATH. (Enter only one couse per line lar to), (b), and (c)   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)   DUE TO, OR AS A CONSEQUENCE OF   DUE TO, OR AS A CONSEQUENCE OF   CONSEQUENCE OF   DUE TO, OR AS A CONSEQUENCE OF   DUE TO, OR AS A CONSEQUENCE OF   COUVER IS IN STORING TO THE COUSE IOS. STORING THE OWN OF THE COUVER IOS. STORING THE OWN OF THE COUSE IOS. STORING THE OWN OF THE COUVER IOS. STORING THE OWN OF THE COUNTY OF THE	'		212-	-01-7904	Mrs. Vern	ice Revnolds	s - Same a	s #13
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190 DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS PERFORMED   200 AUTOPSY2   206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES   NO   YES		gave rise to immediate couse (0), stating the	DUE TO OR AS A COL	NSEQUENCE OF	+	,		
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OR CONTRIBUTING CAUSE OF DEATH   O.M	NO	PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISE CONCONI	DITION GIVEN IN PAR	TT Tro
OR CONTRIBUTING CAUSE OF DEATH OF A.M. MONTH DAT TEAR  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d INJURY OCCURRED  AT WORK	ATION	PART 2 OTHER SIGNIFICAN	conditions contribution	NG TO DEATH BUT	NOT RELATED TO THE TERM		20b. IF YES, WERE FI	NDINGS USED
OR CONTRIBUTINGCAUSE OF DEATH   OR A.M. MONTH DAT TEAR   19      OR CONTRIBUTINGCAUSE OF DEATH   OR A.M. MONTH DAT TEAR   19	IFICATION	PART 2 OTHER SIGNIFICAN	conditions contribution	NG TO DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, WERE FIL IN CERTIFYING CAU	NDINGS USED USES OF DEATH?
270 I certify that (I) (this hospital) attended the deceased from 19 to 19 that (I) (we) say the deceased alive on above, this e) (did) (did not) view I) 3y after death.  270 SIGNATURE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DI	ERTIFICATION	PART 2 OTHER SIGNIFICAN	196 CONDITION FOR	NG TO DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, WERE FIL IN CERTIFYING CAU YES	NDINGS USED JSES OF DEATH? NO [
270 I certify that (I) (this hospital) attended the deceased from 19 to 19 that (I) (we) say the deceased alive on above, this e) (did) (did not) view I) 3y after death.  270 SIGNATURE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DI		PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING	196 CONDITIONS CONTRIBUTE  196 CONDITION FOR	WHICH OPERATIO	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, WERE FIL IN CERTIFYING CAU YES	NDINGS USED JSES OF DEATH? NO [
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236. BURIAL, CREMATION, REMOVAL (SPECIFY)  Removal 5/14/85  226. SIGNATURE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTO		PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN  21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMIN	196 CONDITIONS CONTRIBUTE  196 CONDITION FOR  216 TIME OF INJURY HOUR A.M. MON P.M.  216 PLACE OF INJURY	WHICH OPERATIO	NOT RELATED TO THE TERM  N WAS PERFORMED  21c HOW INJURY OCCURI	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR	20b. IF YES, WERE FIND CERTIFYING CALL YES TO THE TENT OF PART	ND INGS USED USES OF DEATH? NO
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Tourid Gowdy Provident Hospital  230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY STATE  Removal 5/14/85		PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E  (IF EITHER NOTIFY MEDICAL EXAMIN  21d INJURY OCCURRED  WHILE NOTIVE AT WORK  22a I certify that (I) (this has sow the deceased alive to the cold (did) (did)	196 CONDITIONS CONTRIBUTE  196 CONDITION FOR  216 TIME OF INJURY HOUR A.M. MON P.M.  21e PLACE OF INJURY (AT HOME STREEL FACTORY pital) ottended the deceased	WHICH OPERATIO  WHICH OPERATIO  ITH DAY YEAR  19  OFFICE FARM ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c HOW INJURY OCCURI  211 LOCATION 5 (REET)  and that in (my) (our) apinion  LOCATE	200 AUTOPSY? YES NO CITY OR TO  10 depth occurred on the do	20b. IF YES, WERE FILL IN CERTIFYING CALL YES TO THE MILE ALL THE PART OF PART	NDINGS USED USES OF DEATH? NO 12)  y STATE that (I) (we)
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	MEDICAL	PART 2 OTHER SIGNIFICAN:  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETERMINED AND COURSED  AMILE ALMORE ALMORE  22a I certify that (I) (this has sow the deceased alive a phase. THE Well (did) (did)  25 SIGNATURE	196 CONDITIONS CONTRIBUTE  196 CONDITION FOR  196 CONDITION FOR  196 CONDITION FOR  216 TIME OF INJURY HOUR A.M. MON P.M.  216 PLACE OF INJURY (AT HOME STREET FACTORY On 101) view 11 day after death	WHICH OPERATION  WHICH OPERATION  OFFICE FARM ETC.)  I Trom  III	NOT RELATED TO THE TERM  N WAS PERFORMED  211 LOCATION STREET  19 and that in (my) (aur) opinion  EGREE  ATTENDING PHYSICIAN  222e. ADDRESS	ZOO AUTOPSY?  YES NO RED (ENTER NATURE OF INJURE  CITY OR TO  MEDICAL STAIL  DIRECTOR PHYSIC  THE SP  1734 LOCATION	20b. IF YES, WERE FILIN CERTIFYING CALL YES  PINITEM IS PART   OR PAR WN COUNT  19 Date and hour and from 27c. D  FF. IAN 99	NDINGS USED USES OF DEATH? NO 12)  12)  that (I) (we) in the couses stated DALE SIGNED
24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S SIGNATURE	WEDICAL MEDICAL	PART 2 OTHER SIGNIFICAN:  190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF INFERIMENT AND MATERIAL SAME  210 INJURY OCCURRED  AMULE NOTHER AT WORK 220 I certify that (I) (this has sow the deceased alive in the same of t	196 CONDITIONS CONTRIBUTE  196 CONDITION FOR  196 CONDITION FOR  196 CONDITION FOR  216 TIME OF INJURY HOUR A.M. MON P.M.  216 PLACE OF INJURY (AT HOME STREET FACTORY not) view 1	WHICH OPERATION  WHICH OPERATION  OFFICE FARM ETC.)  I Trom  III	NOT RELATED TO THE TERM  N WAS PERFORMED  211 LOCATION STREET  19 and that in (my) (aur) opinion  EGREE  ATTENDING PHYSICIAN  222e. ADDRESS	ZOO AUTOPSY?  YES NO RED (ENTER NATURE OF INJURE  CITY OR TO  MEDICAL STAIL  DIRECTOR PHYSIC  THE SP  1734 LOCATION	20b. IF YES, WERE FILIN CERTIFYING CALL YES  PINITEM IS PART   OR PAR WN COUNT  19 Date and hour and from 27c. D  FF. IAN 99	NDINGS USED USES OF DEATH? NO 12)  12)  that (I) (we) in the couses stated DALE SIGNED

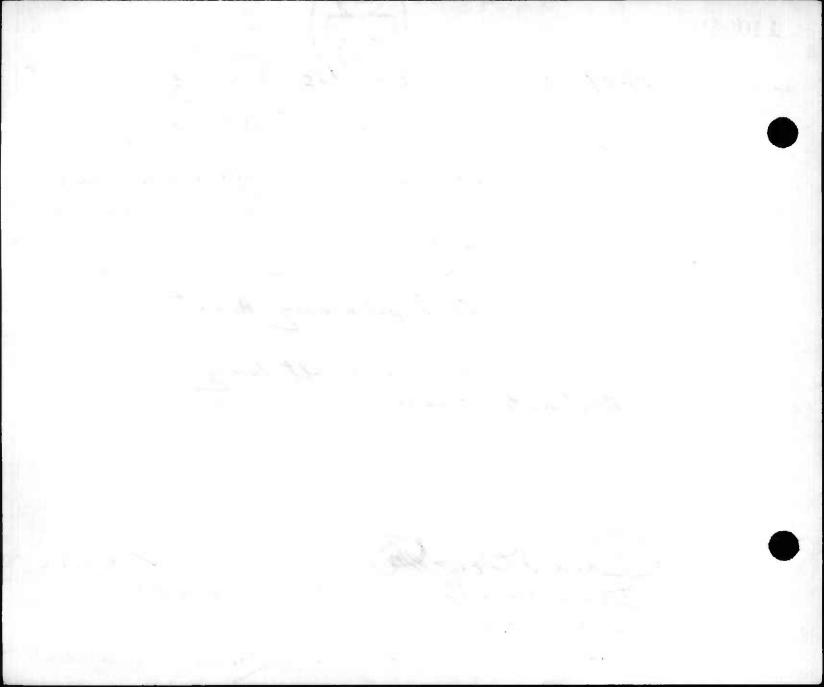
DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detoched for use as the burial-transit permit. Then please remove carbompapers. Pages with the State Dept. of Health and Mental Hygiene priar to burial, crematian, ar removal.

Anatomy Board

Balto., Md.

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST	MIDDLE	LAST DI	TO DATE OF BEATT	DAY YEAR 26 HOUR PM
		TOPING	2 Khode		4-85 /010m
1.5E	× 6	RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
70 B	IRTHPLACE (STATE OR FOREIGN	75 CITIZEN OF WHAT COUNT	5-19-1895	RAITIMORE CITY OR COUNTY	OFDEATH
	COUNTRY	TT C	MARRIED WEVER MARRIED _		
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	Baltimore C	125 KIND OF BUSINESS OR
	Balto.	(IF NOT IN SUCH FACILITY, GIVES	Hospital	Housewife	FE) INDUSTRY
	AL RESIDENCE (IF NURSING HOME O		SEFORE ADMISSION)	130 STREET ADDRESS / ZIP CODE	Raito Ma
130	Md. Bal		TOWN 13d INSIDE CITY LIMITS?	1304 Denbrie	
14. F	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N		LAST
	Thomas	_	right Laur		Boggs
	WAS DECEASED EVER IN U.S. AI		SECURITY NO. 17. INFORMANT 152		reBaltoMd.
	(1.15)			hode	#21228
7	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	inly one couse per line for (0), (b	ondice of	0 1 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		ATE CAUSE (a) 19	ht Cerebrova	undar Accide	1
	43.1	DUE TO, OR AS A CONSI	+ /	1	
	Conditions, if ony, which gove rise to immediate	( 1b) AVTE	riosciero, c	rdiovasculor 1)	serse.
	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONST	EOUENCE OF		
		(c)	70.05.77.07.79.70.70.70.70.70.70.70.70.70.70.70.70.70.	was a state of the search of t	(Factorial Control Con
N	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	War Disease Recondition GIV	VEN IN PART TO
ATIC	190 DATE OF OPERATION	3/01	HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
IFIC				YES NOT YE	YING CAUSES OF DEATH?
CERTIFICATION	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY IN ITEM 18 1	PART I OR PART 2)
	OR CONTRIBUTING CAUSE OF DE		19		
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
2	AT WORK NOT WHILE AT WORK	TATTIONE STREET, PACTORY, OF	//		
4		pital) attended the deceased from		5, to 3/19	19, that (II (we) last
		ot) view the body ofter death.	/	n deoth occurred on the date and hou	
	22b. SIGNATURE	00.	DEGREE ATTENDING	MEDICAL STAFF	TI DATE SIGNED
	MA DUNCAS A SECULARIS	ell	PHYSICIAN	DIRECTOR PHYSICIAN	13/14/80
	22d PHYSICIAN'S NAME (TYPE	10 11.	22e ADDRESS	+ Acres	4.2 41
	Voseph	Donell,		1.19/105	Jospijai
	BURIAL, CREMATION, REMOVAI		234 NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
24 F	Burial	May 17,198	5 Druid Ridge Ce	m. Balto. ATE REC'D. BY REGISTRAR 256. REGIST	IRAR'S SIGNATURE
G.	uneral director Truman Schwa		to.Nat'l.Pike N	AV OR MOE	Wildson Bandon
-		#212	29	20 800	- I - JOY - VI TORETT

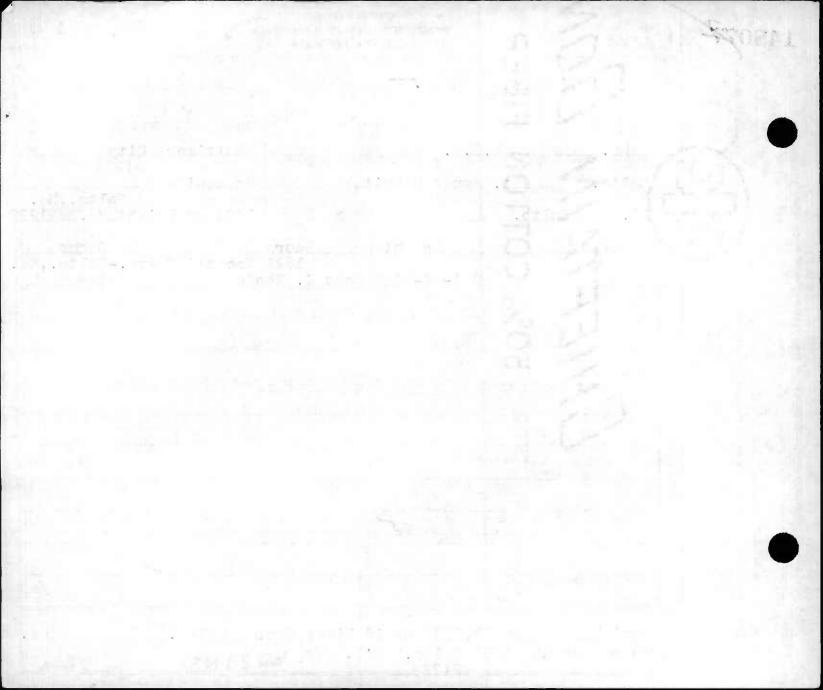
DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumatic event, the

IMPORTANT: If them 21 is morked or Item 18 shows any



4 44	LOOK'S	1.	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE										
141	1007	11	STATE REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.								2 0
1			ECEASED NAME	FIRST		MIDDLE	LA	(ST	2a. DAT	KNOWN		DAY Y	EAR 26 HOUF
13	(Gran)		TPE OR PRINT)	Jesse			Ric	ce	OF DEAT	ESTI-	5	1119	85
1	26 E 48	3. S	X 4. RA	CE S.	DATE OF BIRTH	YEAR LAST BIRTHD	EARS IF UND	ER 1 YR. IF UNDER	R 24 HRS. 2c DA		HTMOM		YEAR 24 HOU
	ON SOUTH	LM	ALE WH	HITE	DEC. 7.	1912 72 Y	RS.	DATS HOURS	DE		5	11 19	85 10AM
	NERAL DIR FOR YOU WITHIN 72 PRESTON		BIRTHPLACE (STATE OF	71	CITIZEN OF WHA	T COUNTRY?	8. MARRIEI	NEVER MARK	RIED 7 BALT	IMORE CITY O	RCOUNTY	OF DEAT	Н
V	E FUNERAL DE S POR YOUR PRESTON I W. PRESTON	1/	RYLAND							ore City, MC			
			CITY OR TOWN OF DE		(IF NOT IN SUCH FACE	LITY, GIVE STREET ADDRESS)			FOR MOST OF W		OF WORK	OR IND	F BUSINESS USTRY
	DELAY N PAG BE FIL	Tier	Baltimore			byrinth Ro		T. B-1	SALE			EN'S	CLOTHIN
21201	SEA 3		STATE	139 COUNTY		13c. CITY OR TOWN	1:	34. INSIDE CITY LIMITS?	13e STREET ADD		21215)	Ap	7. B-1
	SHOULD SHOW		MARYLAND			BALTIMORI		YES NO	3516	LAOYR	IXTH	20	g
W.		111	ATHER'S NAME	٨	MIDDLE	LAST		5. MOTHER'S MAID		MIDDLE		LAST	
OR	SW PW	160	ABRAHAM WAS DECEASED EVE	RINIIS ARME	D FORCES?	RICE	TY NO I	MAM ]	E	ADDRESS		STOR	
ME	WITHIN 24 HOURS AFTER DEA SINCE IN ITEM 18. GIVE PAGES INCIL IN ITEM 18. GIVE PAGES ITEM STRANSIT PERMIT. PAGES IT AN ITAL HYGIENE, DIVISION OF SREMOVAL.	100	(YES, NO, OR UNKNOWN)	(IF YES, GIVE WAI	R OR DATES)				10711		LAUR	EL,MD	
× ×		F	YES  18 CAUSE OF DEA			217-01-81	9/ 1	FELIX RIC	E_10311	BRISTOL	MOOD (		MATE INTERVAL
ST.				WAS CAUSED B	Y: 7	rterioscle	erotic	cardiova	scular d	Sease		BETWEEN	ONSET AND DEATH
TON	V 24 HO V ITEM I ALONG IT PERM YGIENE			IMMEDIATE	C11005 (0)	S A CONSEQUENCE		caratova	ocurar a.	bease			
RES	THIN SIL IN NSI		Conditions, if		4.								
*	S IN THE WAY		gave rise to couse (a) statir	ng the <u>under</u> -	DUE TO, OR A	S A CONSEQUENCE	OF		4 6 -	-17			
201	ON AND AND AND AND AND AND AND AND AND AN		lying cause las	1.	(c)						= =0		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.	HOULD BE EXECUTED WITHIN 24 HOULD BE "FENDING". IN PENCIL IN ITEX "HIEF MEDICAL EXAMINER ALON USED AS A BURIAL-TRANSIT PER OF HEALTH AND MENTAL HYGIEN OF HEALTH AND MENTAL HYGIEN IN CREWATION, OR REMOVAL			ANT CONDITIONS COM	TRIBUTING TO OFATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE O	R CONDITION GIVEN IN P	ART 1 (a)				
60	A S A A S A C C R E I	CERTIFICATION											
AL R	SHOULD ORD "PE CHIEF A CHIEF A TO FHE URIAL, C	5 3	190 DATE OF OPER	RATION	196. CONDITIO	ON FOR WHICH OPER	RATION WA	S PERFORMED?				20. AUTO	
VIT.	WORD WORD WORD WORD BE US	4 5	21a EXTERNAL CAI	LICE VALAC	21b. TIME OF I	LULIBU	Tat. 1100	W/ INTUINING COLUMN				YES	□ NO X
0	A#F5%b					MONTH DAY YEAR	R ZIC. HOY	W INJURY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM 18 P	PART I OR PART	2)	
Sion	STIFIC JO TO SHOU RIOR	MEDICAL	214 INTILIBY OCCU	DDED		19 INJURY (AT HOME,	21f. LOCA	ATION				-	
N/G	RETINATION OF STATE O	M.	WHILE NO	T WHILE		RY, FARM, ETC.)	STR		CITY OR	lown	COUN	YTY	STATE
	T5944-		AT WORK AT	WORK		-				-		100	
	A PER SOL		22a I certify tha	/ "		ded above, held an	Autopsy	, Inspection			d in my opin	ion	
4	AMI STIFF SECTION OF SECTION OF S		death resulted fro	Nyffroi	gues X	1127	cide	Hamicide	Undetermined	nonner,			
	W. V.		ACTUAL (	. // //	1 soular	Rush		TITLE (SPECIFY)	hiof		DATE	E /	12/85
	MEDICAL CUTE THE SE 4 SHO FUNERAL ER DEATH	7	SIGNATURE	100	011-0	0		ACLING C	hi. A EDICAL EXA	MINER	SIGNED.		12/03
	MEC DE 4	4	(TYPE OR PRINT)	Tho	mas D. Sm	nith, M.D.	AI	DDRESS 1.11	Penn St.	. Balte	o.MD.		
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNRAL DIRECTOR: PA AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	23a	BURIAL, CREMATION,			23c. NAME OF CE			23d. LOCATION		COUNTY	Y	STATE
07/B4	BP		BURIAL		5/13/85	BALTI	MORE H	ERREW CEN	BALTI	MORE			
25M	DHMH - 17	24	FUNERAL DIRECTOR	SOL		& BROS.,I		250. DATE	REC'D. BY REGIST	_	STRAR'S, SIG	NA) UBE	حالفار
	(VR A15 ME (5))	160	10 RETSOTE	RSTOWN	RD RAIT	MODE MADY	I AND	1215	1 1 C 108	the wife	,		

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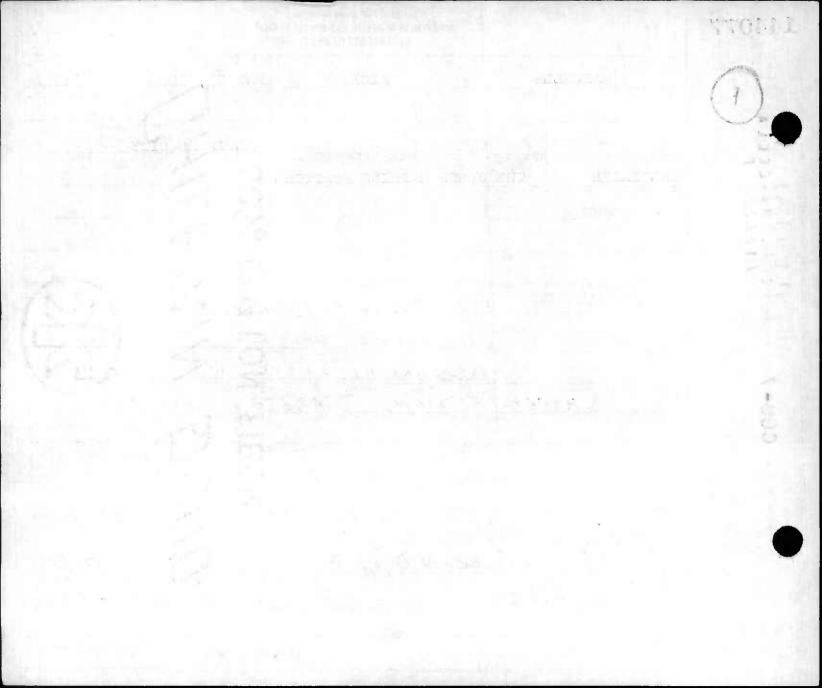
DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

3	249	1	4	1	3	7
	DEC NO					

MIDDLE  I.A  4 RACE White  76 CITIZEN OF WHAT COUN U.S.A.  11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE THE JOHNS	S. DATE O MONTH MAY  NTRY? 8. MARRIEC WIDOWEI	121 1922  X NEVER MARRIED DIVORCED DIVORCED	MAY 21	1985 AST BIRTHDAY)  7 YRS.  1TY OR COUNTY		3:51A  IF UNDER 74 HRS  HOURS MIN.			
White  The CITIZEN OF WHAT COUNTY  U.S.A.  II. NAME OF HOSPITAL, N  (IF NOT IN SUCH FACILITY, GIVE  THE JOHNS	5. DATE O MAY  NTRY? 8.  MARRIED WIDOWE	TEBIRTH  121 1922  NEVER MARRIED DOWNCED DOWNCED	6 AGE (IN YEARS LE	3 YRS.	Y OF DEATH	IF UNDER 24 HRS			
White  76 CITIZEN OF WHAT COUN  U.S.A.  11. NAME OF HOSPITAL, N  (IF NOT IN SUCH FACILITY, GIVE  THE JOHNS	May  NTRY? 8.  MARRIED  WIDOWE	121 1922  X NEVER MARRIED DIVORCED DIVORCED	9 BALTIMORE C	3 YRS.	Y OF DEATH				
76 CITIZEN OF WHAT COUN  U.S.A.  11. NAME OF HOSPITAL, N  (IF NOT IN SUCH FACILITY, GIVE  THE JOHNS	May  NTRY? 8.  MARRIED  WIDOWEI  JURSING HOME O	12 1922  NEVER MARRIED   DIVORCED	9 BALTIMORE C	TY OR COUNTY	Y OF DEATH	HOURS MIN			
U.S.A. 11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE THE JOHNS	MARRIED WIDOWE	D DIVORCED		_					
11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE THE JOHNS	WIDOWE	D DIVORCED	BALTIM	ORE CTT					
11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE THE JOHNS		D OTHER INICTIONS			L'Y	M			
THE JOHNS		K OTHER INSTITUTION	120 USUAL OCCU		126 KIND O	F BUSINESS OF			
	HOPKIN	NS HOSPITAL		cal Nu:					
OR OTHER INSTITUTION GIVE RESIDENCE UNITY 13c. CITY OR		13d INSIDE CITY LIMITS?	13e STREET ADDR						
	timore	YES NO		Washi		St. 21			
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			MIO						
Or the object of the state of t	The second second								
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		LEWIS RID	E 200 2	. wasn		MATE INTERVAL			
SED BY	b, ondicit	UNIADV 1	DODES	7		OUR			
ATE CAUSE (o) CHRD	TOPULN	TONIKI	RRES		1/1	OUL			
DUE TO, OR AS A CONS	SEQUENCE OF	- 1	. —		1	1			
( b) CARD	IOGEN	10 SHOC		3 MOURS					
DUE TO OR AS A CON	SEQUENCE OF				1 1 3	,			
MYO	AL INFF	ARCTION 10 HOUR							
			AINAL DISEASE OR	CONDITION GIV	VEN IN PART THE	0			
PERTENS	iON,	DIARE	UELLI	TUS					
196. CONDITION FOR W	VHICH OPERATIO	1111111	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED						
			YES NOW YES NO NO						
21b. TIME OF INJURY		21¢ HOW INJURY OCCUR		7					
EATH HOUR A.M. MONTH									
	19	AN LOCATION							
	OFFICE FARM, ETC )	STREET	CITY	OR TOWN	COUNTY	STATE			
			100						
pital attended the deceased f	from MA			4AY 21	19 85	tho (I) (we) Ic			
sow the deceased alive on									
lot) view the body offer deofn.	, 0	DEGREE ¢			22c DATE	SIGNED			
V/ - 2	1117	MATTENDING	MEDICAL DIRECTOR PI	STAFF	5-1-	21/00			
· MA · · · · · · ·	22d PHYSICIAN'S NAME ILYPE OR PRINTI								
Annes		D PHYSICIAN [	. / -		1 / -	1 - 0			
OR PRINT!	/	220 ADDRESS JOHN	15 HOZ	KINS	HO57	MAL			
EORPRINTI WES	/	220 ADDRESS JOHN	15 HOZ IMOR	KINS	HO57	ZOS			
E OR PRINTI	23¢ NAME OF CI	220 ADDRESS JOHN	15 HOT IMOR 123d LOCATION	E, M	HO57				
INES		BALT		E, M	HOSP d. ZI	STATE			
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CAZIET WITARMED FORCES?  ARMED FORCES?  ARMED FORCES?  ARMED FORCES?  ARMED FORCES?  ARMED FORCES?  ARMED FOR AS A CONTRIBUTION  TO CONDITIONS	CAZIET WINDSOT  ARMED FORCES?  GIVE WAR OR DATES)  ONLY ONE COUSE PER line for 103, (b), and (c).  SED BY  ATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (b)  CARDIO PULM  DUE TO, OR AS A CONSEQUENCE OF  (c)  TOONDITIONS CONTRIBUTING TO DEATH BUT  PROPERTY OF THE WAY OF THE WAR OF INJURY  HOUR A.M. MONTH DAY YEAR  P.M. 19  216. PLACE OF INJURY  (AT HOME. STREET, FACTORY, OFFICE FARM, ETC.)  SIGNIFICATION OFFICE FARM, ETC.)	ARMED FORCES?  ARMED FORCES?  JULIA  JULIA  JULIA  JULIA  JOHN ONE COUSE PER TIME FOR TO TO, (b), ond IC:  SED BY  ATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (b)  ATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (c)  MYOCARDIAL TUFF  T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM  PREPARENT ON THE PROPERTION WAS PERFORMED  JULIA  JU	ARMED FORCES?  ARMED FORCES?  GIVE WAR OR DATES)  TO SED BY  DUE TO, OR AS A CONSEQUENCE OF  (c)  MYOCARDIAL TURFARCTIO  TO CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR  TODO TO CONDITION FOR WHICH OPERATION WAS PERFORMED  216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  VER P.M.  216. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE FARM, ETC.)  TO STREET  19 So and that in (my) (our) opinion death occurred on another wife the body ofter death, and the body ofter death and the body ofter death.	ARMED FORCES?  GIVE WAR OR DATES)  DIVETO, OR AS A CONSEQUENCE OF  (a) CARDIO PULMONARY ARREST  DUE TO, OR AS A CONSEQUENCE OF  (b) CARDIO GENIC SHOCK  DUE TO, OR AS A CONSEQUENCE OF  (c) MYOCARDIAL TUFARCTION  TOONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE  196. CONDITION FOR WHICH OPERATION WAS PERFORMED  216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  P.M. 19  216. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE FARM, ETC.)  217. INCATION  218. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE FARM, ETC.)  219. Son on the body ofter death.  198. On on on on one couse per line for 101, (b), and 102, incomposition of the date and how on on on on on on on one of the date and how on on on on on one of the date and how on on on one of the date and how on on one of the date and how one of the date and have one of the date and how one of the date and have one of th	ANDDE LAST SMOTHER'S MAIDEN NAME FIRST MIDDLE LAST GREENE AZIET WINDSOT JULIA GREENE GREENE ARMED FORCES?  APPROXIAL ARMED ARMED ARMED ARMED APPROXIAL ARMED ARMED APPROXIAL ARMED ARMED APPROXIAL ARMED			



1	FOR	D	EPARTMENT OF HEA	LTH AND MENT	AL HYGIENE	1 4 1 2	0
1-	STATE REGISTRAR		ICAL EXAMINER		TE OF DEATH	. NO.	0
	CEASED NAME FIRST		MIDDLE	LAST	20. DATE KNOWN OF ESTI-		2b. HOU
,	MELV	/IN		ICE SR.	DEATH MATED	-0 11 00 19	
5E)	1. RACE 1e Black	5. DATE OF BIRTH		FUNDER 1 YR. IF U	NDER 24 HRS. 2c. DATE PRONOUNCED DEAD	MONTH DAY YEAR 5-14-85 19	12:3
7g. B	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHA	AT COUNTRY?	ARRIED   NEVER /	MARRIED 9. BALTIMORE CIT	Y OR COUNTY OF DEATH	
	lid.	US		_	vorced 🖳 Baltimon	re City	М
	altimore	(IF NOT IN SUCH FACE	ITAL, NURSING HOME, OR LITY, GIVE STREET ADDRESS) Endale Avenue		12d USUAL OCCUPATION FOR MOST OF WORKING LIFE)	OR INDUST	JSINESS RY
USUA	TATE Hd . 13b. COUL	OR OTHER INSTITUTION, GIVE	residence before admission) 13c. CITY OR TOWN BALTO.	13d. INSIDE CITY LIA		dale Ave.	7
14. F/	Joseph	MIDDLE	Rice	15. MOTHER'S /	MAIDEN NAME MIDDLE	Lee	
6a \	VAS DECEASED EVER IN U.S. AF	RMED FORCES?	215-32-685		1110		ve.
Z	Conditions, if any, which gave rise to immediate couse (a) stating the <u>under lying cause last</u> .  PART 2 OTHER SIGNIFICANT CONDITION	DUE TO, OR A	S A CONSEQUENCE OF	ISEASE DR CONDITION GIVE	N IN PART 1 to		
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITIO	ON FOR WHICH OPERATIO	N WAS PERFORMED	?	20 AUTOPSY YES 🕱	? NO 🗆
MEDICAL CERT	710 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 213. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	DEATH P.M.	MONTH DAY YEAR	LOCATION STREET	CURRED (ENTER NATURE OF INJURY IN ITE)		STATE
	22a I certify that I took char death resulted from: Note ACTUAL SIGNATURE	ate The	Accident . Suicide  You  Kore 11, M.D.	Hamicide TITLE (SPECI	pection , Inquiry , Undetermined manner [ FY) Stant MEDICAL EXAMINER 111 Penn Street	and in my opinian , DATE SIGNED 5-15-8	35
12 0	URIAL, CREMATION, REMOVAL		23c. NAME OF CEMETE	ADDRESS	123d, LOCATION		

DHMH - 17 (VR A15 ME (5))

Chatman-Harris FH 1701 McCullon Street MAY 20 1985 Jule Javidson-Mandage



WALZ O SHE DISTAN

MALE  BLACK  SEPT 15, 1952  9 BALTIMORE CITY OR COUNTY O	Y YEAR 26 HOUR A 2:10 UNDER 1 YEAR 16 UNDER 24 HRS
DELANCY WILLIAM RICHARDSON MAY 1, 1985  3. SEX 4 RACE 5. DATE OF BIRTH MONTH DAY YEAR MALE BLACK 5. DATE OF BIRTH MONTH DAY YEAR SEPT 15, 1952 7. SEPT 15, 1952 9. BALTIMORE CITY OR COUNTY O	2:10  UNDER 1 YEAR IF UNDER 24 HRS
DELANCY WILLIAM RICHARDSON MAY 1, 1985  3. SEX ARACE S. DATE OF BIRTH MONTH DAY YEAR SEPT 15, 1952  0. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED W NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OR COUNTRY)  MARRIED W NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OR COUNTRY	UNDER I YEAR IF UNDER 24 HRS
3. SEX  4. RACE  5. DATE OF BIRTH MONTH DAY YEAR  SEPT 15, 1952  9. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  76. CITIZEN OF WHAT COUNTRY?  8. MARRIED D NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OR COUNTRY	UNDER I YEAR IF UNDER 24 HRS
MALE BLACK SEPT 15, 1952 32 YRS  10. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED W NEVER MARRIED 9 BALTIMORE CITY OR COUNTRY)	NIHS DAYS HOURS MIN.
16. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? B MARRIED 1 NEVER MARRIED 9 BALTIMORE CITY OR COUNTY O	
COUNTRY) MARRIED W NEVER MARRIED	F DEATH
	137
MARYLAND US of A   WIDOWED   DIVORCED   BALTIMORE CIT	12b. KIND OF BUSINESS O
BALTIMORE THE JOHNS HOPKINS HOSPITAL (TYPE OF WORK FOR MOST OF WORKING LIFE)  OSTHOPEDIC TROOP	INDUSTRY
BALTIMORE THE JOHNS HOPKINS HOSPITAL OSTHOPEDIC TECH	MERCY HOSPI
136 COUNTY 136 COUNTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE	TITOMETE 04 04 F
BALTIMORE YES NO 2620 VIOLET A	AVENUE ZIZIS
FIRST MIDDLE LAST FIRST MIDDLE	LAST
KENNETH B. RICHARDSON SYNETTA	STEWART
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (IVES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215 60 2123 MRS - PAMELA A - RICHARDSON 26	21215
NO 215 60 2123 MRS. PAMELA A. RICHARDSON 26	20 VIOLET AV
18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY IMPEDIATE CAUSE (a) cardiac arrest	MINS.
DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if ony, which ( (b) IENDO BRONCHIAL BLEED	HOURS
gove rise to immediate ) DUFTO OR AS A CONSPONENCE OF	
underlying couse lost. (c) SP CARDIAC TRANSPLAN	T 3DA
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART To
COMA, A.T.N. SIEPSIS (R) HIEART	FAILUR
206 AUTOPSY?	WERE FINDINGS USED NG CAUSES OF DEATH?
4/27/85 CONG/ESTIVE FAILURE YES NO THE YES	□ NO □
	T I OR PART 2)
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (IF EITHER NOTIFY MEDICAL EXAMINER)  19  10  10  11  11  11  12  11  11  12  12	
OR CONTAINDING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19  21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM ETC.) STREET  CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE A WORK A WORK	
220   certify that (I) (this hospital) attended the deceased from 4/25, 19 85, to 5/1, 19	85, that (I) (we) lo
sow the deceased alive an 5/1/19/85, and that in (my) (aur) opinion death accurred on the date and hour a	
S obove, (I) (we) (did) (did not) view the body ofter death.  27b. SIGNALURE DEGREE	22c. DATE SIGNED
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN X	8 5/1
274 PHYSICIAN'S NAMED TO THE COLUMN THE COLU	T. 110
OU TO NOTE OT. BA	LTO. MD.
21	205

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/B4

BP.

(VRA 15, 4)

BURTAL 24 FUNERAL DIRECTOR LEWIS T. GWYNN 4517 PARK HEIGHTS AVENUE

5/4/85

236. DATE

23a. BURIAL, CREMATION, REMOVAL

(SPECIFY)

23d. LOCATION ARBUTUS MEMORIAL PARK

(BALTO.

STATE PARK BALTIMORE (BALTO.) MD.

250. DATE REC'D BY REGISTRAPISTS, REDISTRAPISTS SIGNATURE
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5/L/35 matrix remarkable settle (100m.) In.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	do	sig hen to b
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	AI	ed for
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death retained by the hospital or oftending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the liminary should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages in and 2 should be filed within 172 in with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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injury, ar other troumotic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

g.

	1-	FOR STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYG	IENE 8 5	NO.	4	1 4	
1	1. DEG	CEASED NAME FIRST		WIDDIE		LAST	2a DATE OF DEATH	MONTH D	DAY YEAR	26 HOUR	
ı		DORIS		KI	CHAR	DSON		05 0	4 85	1:00 P	
ı	3. SEX		4 RACE	4 4 2 1	5 DATE (		6. AGE (IN YEARS LAST 8	IRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS	
١		FEMALE	BLAC	CK	02	19 20	(	J YRS	ONINS DATS	HOURS MIN.	
	7a. Bl	RTHPLACE   STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	Baltimore city	_		M	
	10. CI	TY OR TOWN OF DEATH  Baltimore	II. NAME OF I	HOSPITAL, NURSIN CHEACHITY GIVE STREET CY HOSPI	IG HOME (	OR OTHER INSTITUTION	120. USUAL OCCUPA (TYPE OF WORK FOR MOST	TION	12b. KIND O	F BUSINESS O	
100	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN MD	OTHER INSTITUTION	GIVE RESIDENCE BEFORE Baltimo	ADMISSION) N Ce	13d INSIDE CITY LIMITS? YES NO []	13. STREET ADDRESS 2310 Ail	zipcobe ken St	. 212	18	
	14 FA	Randolph	WIDDLE	Brien		15. MOTHER'S MAIDEN NAMED HETEN	ME	Bro	DWN LAS	1	
1	Ióa V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECU		17 INFORMANT	ADD				
	()	YES NO OR UNKNOWN) (IF YES GIV	WAR OR DATES	216-18-	4266	Helen Plan	ter 2310	Aiker	ı St.		
		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) CARDIOVASCULAR WILLIAMS  IMMEDIATE CAUSE (b) CARDIOVASCULAR WILLIAMS									
	ATION	gove rise to immediate cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT C	ONTRIBUTING TO D	DEATH BUT	the Marie		ndition give				
	CERTIFICATION			tion for which operation was performed			200 AUTOPSY?  YES NO YES NO YES NO				
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PA	RT   OR PART ?)		
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	218 PLACE			211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE	
		278. I certify that (I) (this hasput sow the deceased plive on above, (I) (we) (did) (did not 278. SIGNATURE	) view the body		<u>8.5</u> , or	nd that in (my) (our) opinion of DEGREE  ATTENDING	MEDICAL STA	date and hour		SIGNED	
		22d. PHYSICIAN'S NAME (TYPE O	PRINT)			PHYSICIAN [		CIAN 📑	- 11	103	
		SURIAL, CREMATION, REMOVAL	23b. DATE 5/10/			emetery or crematory ore Cemeter	y Balt	imore	COUNTY	MD STATE	
	24 FU	UNERAL DIRECTOR  WM. C. March	F/H	1101 E.	Nor		F REC'D. BY REGISTRAL		MAR'S SIGNATI		

DHMH - 16 60M 7/B4 (VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

A Symmetry III N Symmetry II The state of the s The Mark the State of the State ELAMBER HERALL CONSIDER STANFORMS PARTIES ENGLINE E MENCLES CHINES SERVE the of the Phone States Survey Line Garage Relieve to third and some regular stones with A limited ordering day to be Langue & to the bound of which the the contact State of the second of the second of

# TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 1B. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTED PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR YOUR FIFT TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT PAGES 1 (ND 2 SHOULD BE FILED, WITHIN 72 HOU AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF MITAL RECORDS, 201 W. PRESTON STRE BALLTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

07/84

25M

FOR STATE REGISTRAR

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	4	1	43	2
REG. NO.				

1. DE	CEASED NAME	FIRST	•	MIDDLE		LA	sť		2	a DATE	киомиХ	X MONTH	DAY	YEAR	26 HOUR
(TYI	E OR PRINT)	Robert			T	Richar	deon			OF	MATED [	5-	3 10	85	
3. SE	( 4 RA		DATE OF BIRTH		6. AGE (IN YEA			IF UNDER :	24 HRS 2	c. DATE		монтн	DAY	YEAR	2d. HOUR
M	ale B		MONTH DAY	32	53 YR	Y) MONTHS	DAYS	HOURS		RONOUN	ICED	5-	2	85	6:30 M
	RTHPLACE (STATE OF		CITIZEN OF WH			S.					ORE CITY (	) - COUNT			a. M
	REIGN COUNTRY)	· //			IIRY?	MARRIED	NEV	ER MARRIE	ED 🗆 🗋			_		TIM	
	N.C.		US			WIDOWE	_	DIVORCE			timor				MD
10. C	TY OR TOWN OF DE	EATH 11	I. NAME OF HOSE			, OR OTHER	INSTITUT	TION		AL OCCUP OST OF WOR	PATION   TYP	PE OF WORK	12b. KIND OR IN	OF BUS	
	Baltimore		3300 blk	. Wo	odbrook	. Aver	nue					97			
USU/	L RESIDENCE (IF IN N	13b COUNTY	THER INSTITUTION, GIV		OR TOWN		Bd. INSIDE CI	TV HIMITCO	lia cros	ET ADDRE					
34. 3	MD	COOM	The State of the S	Bal	timor		YES X	NO 🗌	341		olmes	AVO	. 2	12	7
4. F/	ATHER'S NAME						5. MOTHE	R'S MAIDE				AVC			
	Veriste:	r	R i	char	dson			heli.	0	Μ	IDDLE	C	LAST	1	
6a. \	VAS DECEASED EVE				CIAL SECURITY	'NO. 17	7. INFORM		d		ADDRESS	100	per		
( )	ES, NO, OR UNKNOWN)	(IF YES, GIVE WAI	R OR DATES)				T -1 -	D : 1							
_					-24-7	780	rda	K1ch:	ards	on	3413	Holm		Ve.	NA LYCON
	18 CAUSE OF DEA	ALAC CALLER B													AND DEATH
		IMMEDIATE (	CAUSE (a) Ar				cardi	ovasc	ular	Dise	ase		1		
		62.6	DUE TO, OR	AS A CON	ISEQUENCE C	)F									
	Conditions, if		(b)												
	couse (a) statir		DUE TO, OR	AS A CON	ISEQUENCE C	)F									
	lying couse los	<u>T.</u>	(c)												
	PART 2 DTHER SIGNIFICA	NT CONDITIONS CON		UT NOT RELA	TEO TO THE TERMI	NAL DISEASE D	R (DNDITION	GIVEN IN PAR	T 1 (a).						
Z					Liver										
MEDICAL CERTIFICATION	19a. DATE OF OPER	RATION			WHICH OPERA	ATION WAS	PERFOR	MED?					20. AUT	OPSY?	
F													(hea	ad c	nly)
ERT	21a. EXTERNAL CA	USE WAS	21b. TIME OF	INJURY		21r. HOV	VINIURY	OCCURRED	) LENTER N	ATURE OF IN	URY IN ITEM 18	PART I OR PA		AA	NO []
N C	UNDERLYING -	OR	HOUR A.M.	MONTH			, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0000	,						
S	CONTRIBUTING		21e PLACE O	F INITIDY	19	21f. LOCA	TION								
MEI	WHILE NO	T WHILE	STREET, FACTO			STRE				CITY OR TOV	WN	CO	UNTY		STATE
	AT TOOKS AT	**ORK		-											
	220. I certify tha	t I taak chorge o	f the remains desc	ead obo	nly) ive, held an	Autapsy	XX	Inspection		Inquiry	or	nd in my op	oinion		
	death resulted tro	Matural	courses XX /	Accident	Suid	cide .	Hamic	ide .	Undeter	rmined ma	inner .				
	11	7	11/1	1	1918	5	TITLE (SI								
	ACTUAL /	Mille	19/1	461	914	(1) MD		stant				DATE	5-3	3-85	5
	SHOTHAT ONE SESSION			//		M.U	11001	Dearre	MEDIC	CALEXAM	INER	SIGNE	0		
and the same	EXAMINER'S NAM (TYPE OR PRINT)	E Der	nis F. S	Smyth	, M.D.	4.5		111 P	enn S	St.,	Balto	. , Mc	1. 2	1.201	
22a D	URIAL, CREMATION				NAME OF CEM		ODRESS_			CATION					
2 3 B. D	Burial		7-85						CITY O	RTOWN		COUR	YTY	STA	TE
_	UNERAL DIRECTOR		7-1-07	IVI	t. Aut	burn	Lem	No PALE R		alto	. Md	STPAD'C C	ICNATUR	E	
- 1. 1	NAME	1	ADDRESS	-	A1			MAY		385	TO I	Michael	Rando	00	
	Wm. C. M	iarch f	/H 1101	LE.	North	n Ave			, 10	1	10.00	9 -million	1		



# deoth. Page 4 haurs after DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 within 24 executed death certificate law requires that OR ATTENDING PHYSICIAN: The etained by the haspital ar attending physicion.

144098

filled in by the funeral director filed within 72 hours of of once.

should be

completely f

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and c should be detached for use as the burial-transit permit. Then please remove carbompapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

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injury, or other traumotic event, the

IMPORTANT: If them 21 is marked or Item 18 shows any

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ı	1.	STATE	DEPAR	TMENT OF H	EALTH AND MENTAL HYG	IENE 🔾 🗅	•	1 % 1	~1 4		
ı		REGISTRAR		CERTIF	ICATE OF DEATH	REC	6. NO.				
١		EASED NAME FIRST	WIOOFE	- L	AST	2a DATE OF DEAT	н монтн	OAY YEAR	26 HOUR		
ı	(TYPE	Vinnie Vinnie		R:	chun a u 1		15	19 85	L/ Am		
I	3. SEX		4. RACE	5. DATE C	F BIRTH	6. AGE (IN YEARS LA	ST SIRTHOAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS		
ı	F.	nn = 1 0	Black	MONTH	1		82' YRS.	MONTHS DAYS	HOURS MIN.		
ı	7a. B1F	RTHPLACE (STATE OR FOREIGN	75. CITIZEN OF WHAT COUNTRY	(2 8.		9 BALTIMORE CIT		TY OF DEATH			
y	C	OUNTRY 16 CO POL	1100	MARRIEI	NEVER MARRIED	Ro	IIn	L			
4	10 (1)	YOTTO CO-COINS	11. NAME OF HOSPITAL, NURS	WIDOWE C		12a USUAL OCCU	PATION	LOW KINDS	OF BUSINESS OR		
ı	10. C1	20 // 0 /	(IF NOT IN SUCH FACILITY, GIVE STRE		A A	TYPE OF WORK FOR ME			) BOSH4ESS ON		
1	0	Alto City	Bon Secour	HOSE	2,491	setur.	ed		,		
	13a. S	TATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TO THE TOTAL CITY OR TO		13d. INSIDE CITY LIMITS?	13e.STREET ADDRE	SS / ZIP COL		1217		
1	14. FA	THER'S NAME	7701019	,	15. MOTHER'S MAIDEN NA	ME					
1		FIRST Clay	Born Ce	066	Cora	7 MIDD		066	Ti.		
1		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	CURITY NO.	17 INFORMANT	AL	DDRESS	. 01			
ı	( Y	ES, NO OR UNKNOWN) (IF YES, GIV		07-12/	MYS. ANN	Jayer	P.O. 419		+, NIC		
ı		18 CAUSE OF DEATH (Enter on	ly one cause per line for (o), (b), a					BETWEEN	ONSET AND DEATH		
Į		PART I. DEATH WAS CAUSEI IMMEDIAT	ECAUSE (0) BRUN	CHOPI	VEUMENIA						
			DUE TO, OR AS A CONSEQ	UENCE OF							
		Conditions, it ony, which (b) ADENOCARCINOMA OF LUNG									
ı		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQ	HENCE OF					-		
		underlying couse lost.	(c)	OENCE OF	1						
ı		PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C	ONDITION G	IVEN IN PART 1	a		
	8										
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ES, WERE FINDIN			
э	F					YES TO NOT	-	TIFYING CAUSES YES	NO [		
	GE	210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)			
		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR							
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION			COUNTY	STATE		
	W	WHILE NOT WHILE I	(AT HOME STREET, FACTORY OFFICE	E, FARM, ETC.)	STREET	CITA	OR TOWN	COOMIT	31816		
			tal) ottended the deceased from	41	181 1985	, to <b>5</b>	7191	. 19	that (I (we) las		
		sow the deceased alive on	Ti view the body offer death.	05 or	nd that in joyt (our) opinion o	death accurred on	ne date and ha	our and from the	causes stated		
		226 SIGNATURE	I) view the gody offer geoth.		DEGREE			22c. DATE	SIGNED		
		Operol 10	umer Clay	u /	TARS ATTENDING	MEDICAL DIRECTOR PH	STAFF YSICIAN [	5/2	31/85		
		224 PHYSICIAN'S NAME (TYPE O			220 ADDRESS BOY	-		100,000			
		A.K. Offor	PRA		/387	BAS	7 (000	8191719L			
-	22a D	LIBIAL CREMATION REMOVAL	Tash DATE Tas	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		9			
		URIAL, CREMATION, REMOVAL	23b. DATE 236	L NAME OF C	EMETERY OR CREMATORY	ZITY OR TOW	7	COUNTY	STATE		

DHMH - 16 50M 4/B3 (VRA 15, 4)

TO HOSPITAL

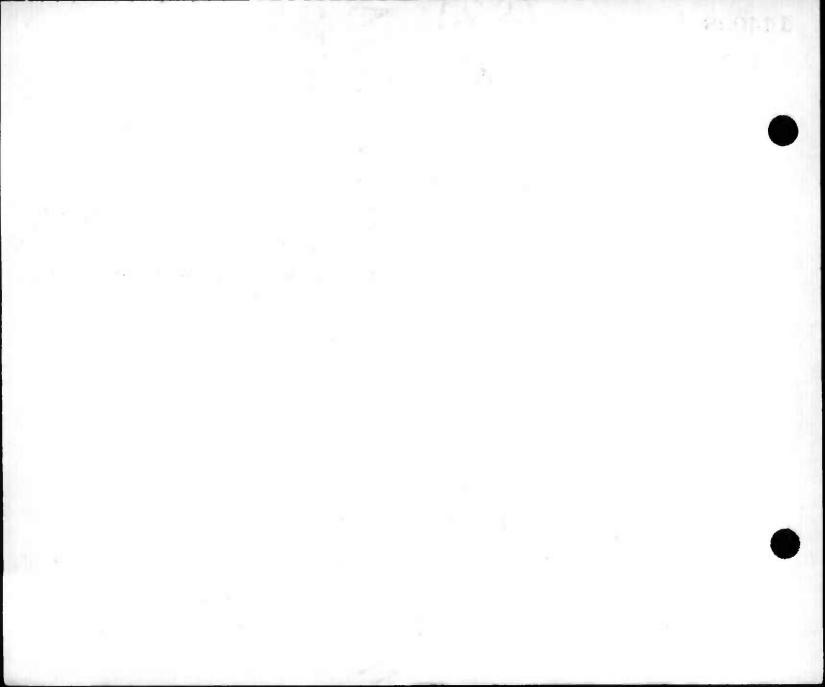
34 FUNERAL DIRECTOR

MYDYRN

AODRESS

PIVE

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



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NO	C PHYSICIAN
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3	5	4	100	4	4
	REG. NO.				

1 -	FOR STATE REGISTRAR			DEPARTM		EALTH AND	MENTAL HY	YGIENE 8	REG. NO		4 !	4 4	
	CEASED NAME	FIRST	N	IDDLE	L	AST	500	20 DATE OF	DEATH /	AONTH [	DAY YEAR	26 HOUR	<b>7</b> 17.77
(IIIe	ON PRINTS	Myrtle	e Cl	eora	Ride	gely		May	17,	198	5	12:02 M	PM:
3 SE	X	4	RACE		5. DATE C		734	6 AGE (IN YE	ARS LAST BIRTI		IF UNDER 1 YEAR	IF UNDER 24 HRS	
	Female		Cauc	asian	MONTH	DAY	91		94	YRS	MONTHS DAYS	HOURS MIN.	
	RTHPLACE   STATE OR	FOREIGN 76		VHAT COUNTRY?	8 MARRIEI	D NEVER	MARRIED [	9 BALTIMOI	RE CITY OF	COUNTY	OF DEATH		
	aryland		USA	1	WIDOWE		DIVORCED [		Balt	imor	e City	MD.	
1	altimore			OSPITAL, NURSING FACILITY, GIVE STREET A	(DDRESS)	Mano		120 USUAL C		WORKING LIF	E) INDUSTRY	ome	
13a S Md	STATE	Howa:		Ellicot	City tt	YES 🗌	CITY LIMITS? NO 📉	8654	DDRESS / Bali	zip code Roa	d 2104	13	
14. FA	THER'S NAME	MID	DIE	LAST		15 MOTHE	R'S MAIDEN N		MIDDLE		LAS1		
	Frank		Ga	aither			Marga	aret			obblit	Z	
	VAS DECEASED EVER YES, NO OR UNKNOWN) NO	IN U.S. ARME		218-60-	_	Myr.		. Carey	ADDRES Sam	e as	#13		
	18 CAUSE OF DEAT	H (Enter anly o	ane cause per	line far (a), (b), and	dics)						APPROXI BETWEEN C	MATE INTERVAL	
	PART I. DEATH W	MMEDIATE (		SEPSI	5						/	DAY	
	Conditions, if any, which gave rise to immediate			OR AS A CONSEQUENCE OF  OR AS A CONSEQUENCE OF						2	DAY		
			(c)			EK'S		SEASE			1	YRS	
NO	PART 2 OTHER SIGN	VIFICANT COI	NDITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELATE	D TO THE TER	rminal disease	ORCOND	ITION GIV	EN IN PART I I O		
CERTIFICATION	190 DATE OF OPERA	NOIT	196 CONDIT	TION FOR WHICH	n for which operation was performed			200 AUTO	PSY?	IN CERTIF	, WERE FINDIN YING CAUSES S		
MEDICAL CES	21g. ACCIDENT WAS UNI	CAUSE OF DEATH	P.A	a. Month da a.	Y YEAR			JRRED (ENTERNAT	URE OF INJURY	IN ITEM 18 P	ART 1 OR PART 2)		
MED	21d INJURY OCCUR	HILE	21e PLACE C	OF INJURY SET FACTORY, OFFICE FA	ARM ETC }	21f_LOCAT			CITY OR TOW	IN	COUNTY	STATE	
	saw the decease abave (1) (we) (	ed alive on	5.1	7 19 9	, ar	nd that in (m		n death accurred	d an the da	e and have		ha we last causes stated	
	226 SIGNATURE	1	0	/ /	1	DEGREE				14.15	22c. DATE	SIGNED	
	Photo	-/	6	Un	M	I.D.	PHYSICIAN	MEDICAL DIRECTOR	STAFI PHYSICI	AN 🗌	5/1	7/85	
	22d. PHYSICIAN'S N	AME (TYPE OR PE	RINTS		100	22e ADDR	SS						
	Christ	ine L	. Comm	erford,	M.D	54:	11 010	d Frede	rick	Rd.	Balto	,MD 212	22
	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	IAME OF C	EMETERY OF	CREMATOR		TION	. 11	COUNTY	STATE	

DHMH - 16 60M 7/B4

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and eshauld be detached for use as the burial-transit permit. Then please remove carbonpapers: Pages, with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

retained by the haspital or attending physician

TO HOSPITAL

injury, ar other traumatic event, the

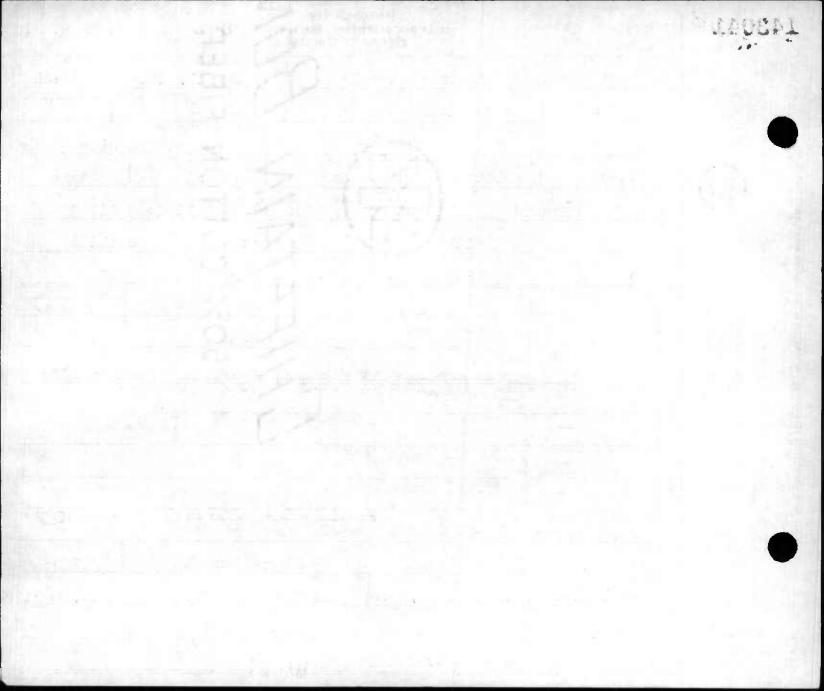
IMPORTANT: If Hem 21 is marked or Item 18 shows

Burial
24 FUNERAL DIRECTOR

Md

McKendree Cemetery W 5-20-85 MacNabb Funeral Home Cafonsville Md.

BY REGISTRAR 25 RECUSTRAR'S SIGNATURE



FOR - STATE REGISTRAR 112151

# STATE OF MARYLAND

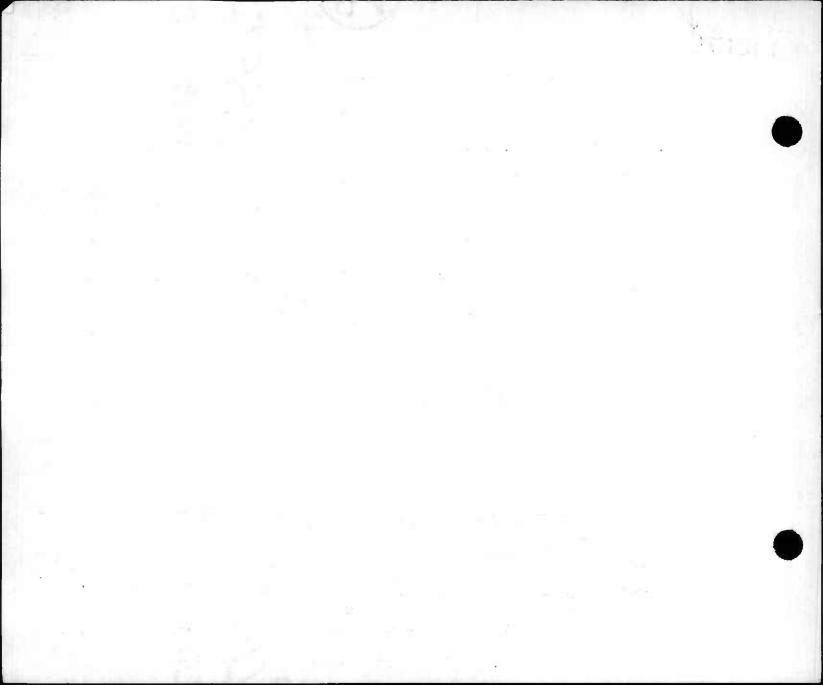
DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		REG. NO.
LAST	20 DATE OF DE	ATH MONTH

ı		EASED NAME FIRST	MIDDL	E	LAST		20 DATE OF DEATH	MONTH DAY Y	EAR	2b HOUR
1	(TYPE	ROGERS		рт	GGENS		MAY 16	. 1985	- 1	AA
ı	3. SEX		4. RACE	5. D	ATE OF BIRTH		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER		IF UNDER 24 HRS
		Male	Black		MONTH DAY	2. <b>7</b>	5.8	YRS	DAYS	HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHA	T COUNTRY? 1	ARRIED   NEVER	MAPPIED T	9 BALTIMORE CITY O	R COUNTY OF DEA	тн	
4		Carolina	U.S.A.			ONORCED X	BALTIMOR	E CITY,		MD.
		TY OR TOWN OF DEATH	11. NAME OF HOSE	PITAL, NURSING HO		STITUTION	12a USUAL OCCUPATI			BUSINESS OR
	В	ALTIMORE		OOKFIEL		lst FL		, , , , , , , , , , , , , , , , , , , ,	J111.7	
1	USUA 13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUN		RESIDENCE BFFORE ADMIS		CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE 1	st	Floor
1	Ma	ryland		altimor		NO 🗌	2503 Bro		Ave	21217
Y	14_FA	THER'S NAME FIRST	WIDDLE	LAST	15. MOTHE	R'S MAIDEN NAM	AE MIDDLE		LAST	
		Robert	•	ggens	Que	ssie		Les		<u> </u>
7		AS DECEASED EVER IN U.S. AR	MED FORCES? 16b	SOCIAL SECURITY	17. INFORM	MANT	ADDRE	SS		
ı		NO		6-42-30	19 Elle	n Rigga	ans 2421			
		18. CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	ly ane cause per line	far (a), (b), and (c).)	$\wedge$ 1	MA		BET	PPROXIM	NATE INTERVAL NSET AND DEATH
١			E CAUSE (a)		Aono	עויז			*	_
-1			DUE TO, OR AS	a consequence	OF AS	CUD			10	m
		Conditions, if any, which gave rise to immediate	(b)		113					0
		cause (a), stating the underlying cause last.	DUE TO, OR AS	a consequence	OF					
١			( <sub> c)</sub>	·						
1	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTR	RIBUTING TO DEATH	BUT NOT RELATE	D TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN IN PA	RT Ita	
Н	ATIC	19a DATE OF OPERATION	196 CONDITION	N FOR WHICH OPER	ATION WAS PERF	ORMED	20a AUTOPSY?	20b. IF YES, WERE F	INDIN	GS USED
1	CERTIFICATION				-		YES NO	IN CERTIFYING CA		
Ź	ERI	210. ACCIDENT WAS UNDERLYING				INJURY OCCURR	ED (ENTER NATURE OF INJUI		ART 2]	
4		OR CONTRIBUTING CAUSE OF DEA	SIM	MONTH DAY	EAR	_				
١	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF IN		211. LOCAT			WN COUN	.TW	STATE
-	¥	WHILE NOT WHILE	AT HOME STREET, F	ACTORY, OFFICE, FARM ET	STRE	ET	CITY OR TO	WN COOK	117	STATE
-		220.1 certify that (I) (this hospi	Tal) ottended the de	ceased fram6	33	19 81	5/2	e 19 <u>8</u>	5 , 1	hat (I) (ye) last
1		saw the deceased alive an above, (I) (we) (dd) (did no	02/27	ceased fram	, and that in (m	y) (🏕 ) apinian d	death occurred an the do			
-	-	22h. SIGNATURE	101.01		DEGREE				DA ES	IGNED
	:	Gregay J.	* Speri			PHYSICIAN X	MEDICAL STAT	IAN [	1/2	4/85
71		224. PHYSICIAN'S NAME (TYPE	OR PRINT)	NT	27e ADDRI	ESS O	1 v sto	1 210	. 0	
		OREGORY L	- WAU	er!	330	5 M. C	alversave	7 7/2	10	
		URIAL, CREMATION, REMOVAL			OF CEMETERY OF	RCREMATORY	23d LOCATION	COUNTY		STATE
	Βt	ÏRÏAL	5/23/85	Chur	ch Ceme		Clarkto	n,	N.	С.
	24 FU	INERAL DIRECTOR		ADDRESS		25a. DATE	REC'D. BY REGISTRAR	25b. REGISTRAR'S SH		
	Wπ	n C March F/F	Inc. 11	101 E No	rth Ave	nue MAI	4 U 1900	(338)	1	

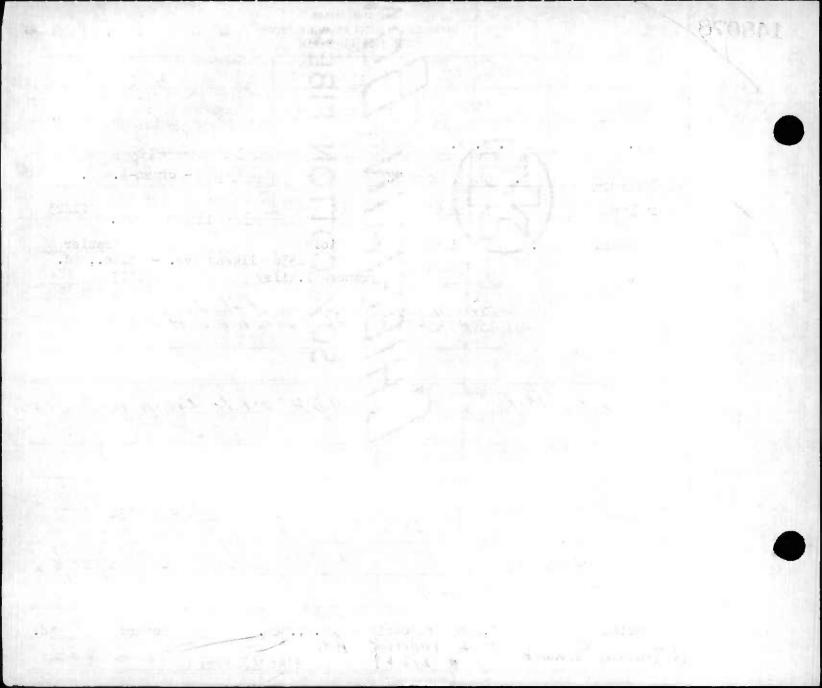
DHMH - 16 50M 4/83 (VRA 15, 4)

to FUNERAL DIRECTOR, After chould be detached for use as with the Stote Dept. of Health MPORTANT, If Nem 21 is

marked or tem, 18 shows pay



		STATE REGISTRAR		RTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST		EAST	20. DATE OF DEATH MON	
- 1		Rayi		Riley		5 20 85 3
	1. SE	Male		ATE OF BIRTH  MONTH  1 12 29	6 AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEAR IF UNI MONTHS DAYS HOUR YRS
PE	la Bi	RTHPLACE ISTATE OR FOREIGN COUNTRY)	TT G A MA	ARRIED NEVER MARRIED OWED DIVORCED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH
40	10. C1	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS  St. Agnes Hospi	ME OR OTHER INSTITUTION	122 USUAL DECUPATION (TYPE OF WORK FOR MOST OF WO retired = F	Orking LIFE) INDUSTRY P.
	USU	ALRESTOENCE IF NORSING HON	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS	SION)		
34		arvland	OUNTY 130. CITY OR TOWN Baltimor	13d. INSIDE CITY LIMITS?	136 STREET ADDRESS / ZIF	#212
	_	THER'S NAME		15. MOTHER'S MAIDEN NA	NE NE NETTER	as Ave.
30		Edward	T. Rilev	Viola	WIDDLE	Frazie
1		VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECURITY D		Wilkens Wilkens	Balto., Mo
1	()	YES, NO OR UNKNOWN) (IF YES	(s, GIVE WAR OR DATES) 219221505	Frances I.Ril		#21223
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	e DUE TO, OR AS A CONSEQUENCE O	of	r, brain, p	
2	FICATION	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	OF  BUT NOT RELATED TO THE TERM  SIAD H	INAL DISEASE OR CONDITION  Z 19 10 Br  20a AUTOPSY? 201	b. IF YES, WERE FINDINGS US CERTIFYING CAUSES OF DE
N	CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICAL  Diabetes	DUE TO, OR AS A CONSEQUENCE OF THE STATE OF	OF  BUT NOT RELATED TO THE TERM  S / A) H  ATION WAS PERFORMED  1216. HOW INJURY OCCUR	INAL DISEASE OR CONDITION  Z'Y TO DIA  TOO AUTOPSY? [20]	b. IF YES, WERE FINDINGS US CERTIFYING CAUSES OF DE YES \rightarrow NO
29	CAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICAL  PA	DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF DEATH HOUR A.M. MONTH DAY YELDS	OF  BUT NOT RELATED TO THE TERM  S / A) H  ATION WAS PERFORMED  EAR 216 HOW INJURY OCCURI	INAL DISEASE OR CONDITION  Z 19 10 Dr  20a AUTOPSY? 201  YES NO P	b. IF YES, WERE FINDINGS US CERTIFYING CAUSES OF DE YES \rightarrow NO
29		gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICAL DIA DETECTION. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING.	DUE TO, OR AS A CONSEQUENCE OF INT CONDITIONS CONTRIBUTING TO DEATH  196 CONDITION FOR WHICH OPERA  196 CONDITION FOR WHICH OPERA  216 TIME OF INJURY  P.M.  216 PLACE OF INJURY	OF  1 BUT NOT RELATED TO THE TERM  S	INAL DISEASE OR CONDITION  200 AUTOPSY?  YES NOTER NATURE OF INJURY IN	b. IF YES, WERE FINDINGS UP CERTIFYING CAUSES OF DE YES NO
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29		gove rise to immediate cause (a), stating the underlying cause last underlying cause last (a). PART 2 OTHER SIGNIFICAL (b), DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OR (IF EITHER NOTIFY MEDICAL EXAM 21d, IN JURY OCCURRED  NOT WHILE ALL WORK	DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF DEATH HOUR A.M. MONTH DAY YE P.M. (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  TO DO DITIONS CONTRIBUTING TO DEATH HOUR A.M. MONTH DAY YE HOUR A.M. MONTH DAY YE HOUR A.M. MONTH DAY YE P.M. (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  TO SPITALLY OF THE PROPERTY OF	OF  1 BUT NOT RELATED TO THE TERM  S	INAL DISEASE OR CONDITION  200 AUTOPSY?  YES NOTER NATURE OF INJURY IN	b. IF YES, WERE FINDINGS UP CERTIFYING CAUSES OF DE YES NO
28		gove rise to immediate cause (a), stating the underlying cause last underlying cause last PART 2 OTHER SIGNIFICAL DATE OF OPERATION  710, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING ALL WORK  21d. INJURY OCCURRED  WHILE NOT WHILE ALL WORK  220.1 certify that (1) (this be sow the deceased alive	DUE TO, OR AS A CONSEQUENCE OF THE PLACE OF INJURY  AND CONDITION FOR WHICH OPER  196 CONDITION FOR WHICH OPER  216. TIME OF INJURY  P.M.  216. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  100 Spiriol) attended the deceased from  100 Spiriol)	OF  BUT NOT RELATED TO THE TERM  S	INAL DISEASE OR CONDITION  200 AUTOPSY?  200 NO THE NATURE OF INJURY IN  CITY OR TOWN	b. IF YES, WERE FINDINGS US. CERTIFYING CAUSES OF DE YES NO
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(B)		REGISTRAR  CEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 2b HOUR
oy be oge 3 deoth	(TYPE	ORPRINT) JOHN	H	Rivers	5 6 85	7'5 pm
ge 4 moy sector. pa	3. SE	male	1. RACE black	S. DATE OF BIRTH  MONTH DAY  5 16 914	6 AGE (IN YEARS LAST BIRTHDAY) YRS	MONTHS DATS HOURS MIN.
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ofter de vithing ed within	10 C	TY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE ST	SING HOME OR OTHER INSTITUTION	120 USHAL OCCUPATION	IND STATES OF
24 hours of filled in by avid be file	UsU		OTHER INSTITUTION, GIVE RESIDENCE BE	DWN 13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CG	12/2/1 Bottoin
d within 2 pletely fill and 2 shau	10 11	THER'S JAME	MIDDLE RILAST	15. MOTHER'S MAIDEN N	NAME MIDDLE	Minor
n and com		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SI	CURITY NO. 11 INFORMACY	Rivers_3/1	Baltond 21210
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by the other seconds of the stranger of the stranger of the stranger transfer transf	98	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSE		i caregira, e i i i	0.00()
quires the	N O	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO THE TE	rminal disease or condition (	GIVEN IN PART 110
hos been permit. I see prior ins ony ii	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WH	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES NOT	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO N
IVSICIAN: The ding physicio pisto certificate burial-troosit. Mentol Hygie or Ifem 18 sha	ICAL CERT	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM T	
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al or al OR: Afte Tuse as Health is mork		22a. I certify that (I) (this haspi	tol) attended the deceased fro		on death occurred of this date and h	, 19 , that (I) (we) last
OK ATT te hospit DIRECTO oched fo Dept. of		obove (1) we) idid) (did do	View the body other death.	DEGREE ATTENDING	-	22c. DATE SIGNED
_f _f _f _ f _ f		274 PHYSICIANS NAME (THE	and any me	PHYSICIAN 27e. ADDRESS	DIRECTOR PHYSICIAN	0 10 20
TO HOSPITA retoined by TO FUNERA should be de with the Stal	23o E	UBIAD, CREMATION, BEMOVAL	23b. DATE 2	NAME OF CIMETERY OF CREMATOR	1 SOI ST	Yaul St. 21203
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DHMH - 16 60M 7/84 (VRA 15, 4)	0	onald E. Il	ner-1637	Dried Hilfare N	1AY 8 1985 file	ISTRAR'S SIGNATURE

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7	1 -	FOR STATE REGISTRAR	D		EALTH AND MENTAL HY	GIENE 8 5		1 4
		EASED NAME FIRST	MIDDLE	Rok	verts-el		MONTH DAY YEAR	5 12 A
3.	. SEX	Male	Black	5. DATE C		6 AGE (IN YEARS LAST BIRT	YRS.	
76	lar	yland	76 CITIZEN OF WHAT CO	MARRIE			more Cit	1
38	L.	Y OR TOWN OF DEATH  A TOWN OF DEATH  L RESIDENCE (IF NURSING HOME OR (	11. NAME OF HOSPITAL, IF NOT IN SUCH FACTLITY, G		anyland	120 USUAL OCCUPATIO		F BUSINESS C
35	30. S	TATE 136 COUN THER'S NAME		Promoe	13d INSIDE CITY LIMITS? YES NO	3 40 7 E	GIN AUC	21216
20			E. Roh	erts	US ALLE	2 yryr) -	Par	2/1/13
1		NO OR UNKNOWN) (IF YES, GIVE	E WAR OR DATES) 218	5-46-986	h	Roberts 20	16 Walbrook	Avenue
		18. CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED IMMEDIATE	y ane cause per line far to B BY: E CAUSE (a)	DIAC	ARREST		DETWEE	N ONSET AND DE AT
		Canditians, if any, which gave rise to immediate	DUE TO, OF AS A CO	DIAC OF	Archyth	CAIM.		
		cause (a), stating the underlying cause last	DUE TO, OR AS, A CO	ctrolyt		ance		
	ATION	PART 2 OTHER SIGNIFICANT C	CONTRIBUTION FOR	Failu	re with	H Perte	1206 IF YES, WERE FIND	
4	CERTIFICATION	21g ACCIDENT WAS UNDERLYING		WHICH OFERANO		YES NO	IN CERTIFYING CAUS	NO _
	CAL	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MON	19		RRED (ENTER NATURE OF INJUR	Y IN 11EM 18 PART 1 OR PART 2	
	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTOR)		211 LOCATION STREET	CITY OR 10V		STATE
		220. I certify that (I) (this haspit saw the deceased alive an abave (I) (we) (did) (did not	071301	h. 19. \$5, as	nd that in (my) (aur) apinian	death accurred an the da		that (I) (we) lo he causes stated
		226 SIGNATURE	(94D)	m		MEDICAL STAF	X 03	0 / /8
		Sherri	CASAL		Univ. of	nd Hosp	22 South	greene
	(5	URIAL, CREMATION, REMOVAL PECIFY) Burial	23b. DATE 5/6/85	C 11 12 12 12 12 12 12 12 12 12 12 12 12	emetery or crematory Lion Cemetery	23d LOCATION CITY OR TOWN  Lansdowne	. Md.	STATE
/84		NERAL DIRECTOR		North A	M	AY 2 1985	256 BEGISTRAR'S SIGN	ATURE Pands &

STATE OF MARYLAND

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FOR STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	5	1	4	Í	4	-
	REG. NO.					

REGISTRAR			REG. N	
1. DECEASED NAME FIRST	WIDDIE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
(TYPE OR PRINT) Bett	J.	Robey	May 17	· //
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
Female	White	June 15, 1919	65	YRS.
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED & NEVER MARRIED		OR COUNTY OF DEATH
Maryland	USA	WIDOWED DIVORCED		ore City MD
Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREE	ING HOME OR OTHER INSTITUTION (STADDRESS)  Prial Hospital 212	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Housewif	OF WORKING LIFE) INDUSTRY
13a. STATE   13b. COI	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE UNITY 13c. CITY OR TON	RE ADMISSION) WN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE
Maryland -	- Baltimo	100   100		42nd Street (21211)
14. FATHER'S NAME FIRST	MIDDLE LAST Wickens	15 MOTHER'S MAIDEN N	JAME MIDDLE	Tracey
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b. SOCIAL SEC		ADDR	ESS CL
(YES, NO OR UNKNOWN) (IF YES, O	212-07-	2608 Lee E. Robe	1319 W. 4 y Baltimore	e, Md. 21211
18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAUS	only one cause per line for (a), (b), a		1 1610	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IATE CAUSE (0)	candial Inta	reflori	
	DUE TO, OR AS A CONSEQU	JENCE OF  DEATH BUT NOT RELATED TO THE TEL	rminal disease or con	
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OR CONTRIBUTING CAUSE OF IT  (IF EITHER, NOTIFY MEDICAL EXAMING  21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK  22e.1 certify that (I) (this has sow the deceased alive above, (I) (we) thirty (did  27b. SLGNATURE	P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE) spitol) attended the deceosed from on 19 not) view the body after death.	DAY YEAR 19 216 LOCATION STREET  STREET  DEGREE  DEGREE		OWN COUNTY STATE  7. 19 5.5., that (I) (we) lost lote and haur and from the couses stated  72c DATE SIGNED
March 27d PHYSICIAN'S NAME (TYP	ell a. Jun		DIRECTOR PHYSIC	
ZZU. PRITSICIAIN SINAME TIP				
Margh	all A. Levine	27e ADDRESS 711 W. 4	0+454.	Ba Himore, MD, 212

BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonappers. Pages I and 2 should be filed within 72 hours off

injury, ar other traumatic

shauld be detached for use as the burial-tronsit permit. Then pleose remove carbon pape with the State Dept. of Heolth ond Mental Hygiene priar to burial, cremation, ar removol.

PHYSICIAN:

ATTENDING

retained by the hospital ar

marked or Item 18 shows any

IMPORTANT: If Item 21 is

Burial
24 FUNERAL DIRECTOR Druid Ridge Cemetery Baltimore Maryland

250 DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE

MAY 20 985

Ome 3818 Roland Ave 5/21/85 ADDRESS A. Alan Seitz, Jr. Funeral Home 3818 Roland Ave

Company of the latest 

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1470199	1.	FOR STATE	DEPART		IEALTH AND MENTAL HYG ICATE OF DEATH	HENE 5 5	141	2 0
1.4.0-		REGISTRAR				REG. NO		
m f		CEASED NAME FIRST	WIDDIE		AST	20 DATE OF DEATH	-//00	HOUR 130
noy be page 3 rr death	l	HNN	IE		KOBINS		5/20/85	2 AM
OF OF	3. SE		4. RACE	5 DATE O		6 AGE (IN YEARS LAST BIRTH		UNDER 24 HRS
e 4		Female	/ Black	6 6	7 1906	78	YRS.	OURS MIN.
Poge direct		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH	
death.	1	COUNTRY) Virginia	U. S. A.	WIDOW		Baltimore	City	MD.
		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USUAL OCCUPATIO	ON 12b. KIND OF B	USINESS OR
hours ofter		Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	LINSDITAL	Omestic	WORKING LIFE) INDUSTRY PVt. F	amily
Do onto	USU	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR		740.511712			
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	_	aryland THER'S NAME	Baltimo	ore	YES NO []		Maryland 212	15
pletely nd 2 m	100	FIRST	MIDDLE LAST		FIRST	WIDDLE	LAST	
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ond co		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECU	JRITY NO.	17. INFORMANT	4216 Cr	wford Avenue	
		No.	215-22-5	5657	Marion E. Hal	ey Baltimo	re. Maryland	21215
hysicia sopers ovol.		18. CAUSE OF DEATH (Enter of	inly one cause per line for (a), (b), ar	nd (ci.i.			APPROXIMA BETWEEN ONS	TE INTERVAL SET AND DEATH
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uires en p s bury,	l z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART 115	
requi	CERTIFICATION							
3 9 6 6	ŏ.	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	
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OR POIRE		77k SIGNATURE	-6/ U		DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIC	NED
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DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO HOSPITAL

MPORTANT: If them 21 is marked ar Item 18 shows any injury, or other traumotic event, the

23b. DATE 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23c. NAME OF CEMETERY OR CREMATORY Arbutus Memorial Park

22e ADDRESS

23d. LOCATION

STATE COUNTY Baltimore, Maryland

Burial 5/24/1985 Arbutus Memor:

ECRISONS 2501 Gwynns Falls Parkway

Home, Inc. Baltimore, Maryland 21216 14 FNUTTEM OR Sons Funeral Home, I

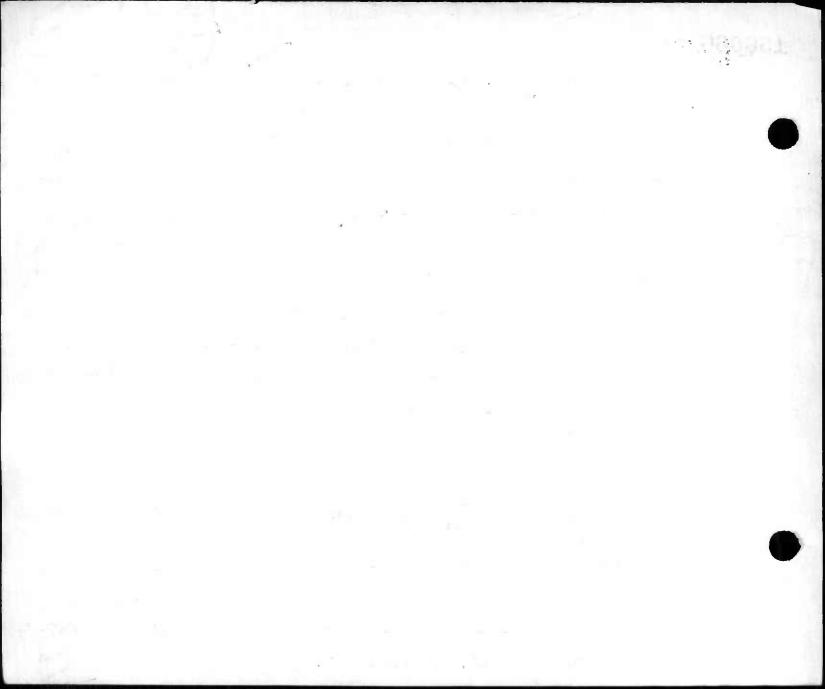
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COCC	1.	FOR STATE			DEPA		EALTH AND MEN		NE O	5	1	4	5
56066	Ι.	REGISTRAR				CERTIF	ICATE OF DEA	ATH-		REG. NO.			
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( 17 )	3. SE		4,	RACE	0	5. DATE C	F BIRTH		AGE (IN YEAR	RS LAST BIRTHD	AY] IF	UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
		wate		6/9	ck	MONTH	21	85	-		YRS -	- DATS	7 25
Po Po	.20. B	RTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF V	WHAT COUNT	RY? 8.	NEVER MAR		BALTIMORE	E CITY OR		F DEATH	
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in b	USU.	AL RESIDENCE (IF NUR	SING HOME OR OT		GIVE RESIDENCE BE	FORE ADMISSION)			CTDCCT AD	DDEEC / 7	UD CODE		
24 h	130	NA	13P COUNT	VA	13c. CITY OR T	NA	13d. INSIDE CITY YES \ \ NO	O	13e STREET AD		NA		
thin 2 sho	14. F/	THER'S NAME				0 [-3	15. MOTHER'S M.	- Lund			1011		
ond seam	4	FIRST	Adl	DDLE	LAST		FIRS			MIDDLE	R	OR- IAST	1
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Pogo medi	(	YES NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)	1	AL							
icion pers.		18 CAUSE OF DEAT	IH (Enter only	one couse ner	<del></del>		<u> </u>					APPROXI	MATE INTERVAL DINSET AND DEATH
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that the death  J by the attend ease remove co ol, cremation, or other troumot		underlying coust		(6)	SINTER	- Lus	Line wo	nadm	e d	118456		7 hr	s 25 min
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mit.	CERTIFICATION	190 DATE OF OPERA					N WAS PERFORM	AED.	20s AUTOP			WERE FINDIN	
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N. T. Wasici Lysici Lys	E E	210. ACCIDENT WAS UN		21b. TIME OF	FINJURY M. MONTH	DAY VEAD	21c HOW INJUR	RY OCCURRE	D (ENTERNATU	RE OF INJURY I	MITEM IB PAR	I I OR PART 2)	
ICIA g ph g ph errift iol-tr ntol	A.	OR CONTRIBUTING		P.A		DAT TEAR		-					
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Pito Port for of H		sow the docea above, (1)(we)	didi did not	view the body	ofter death.	9 85 or	d that in (my (ou	pinion de	oth occurred	on the date	and hour o	and from the	couses stated
DR A hos ched ched Dept.		226. SIGNATURE					DEGREE					22c DATE	SIGNED
AL CAL Deto		سطر	Dan C	n. 2	chapir	e wi	PHY	ENDING YSICIAN [	MEDICAL DIRECTOR	STAFF PHYSICIAL	NX	4/3	17185
HOSPIT TUNER Id be the Sh	1	22d. PHYSICIAN'S N					22e ADDRESS	54 6	topies	140	Spital		
etoined TO HOSi should b with the		Susan	W	. Suh	120110		900 €	ston	Ave		Himo		D.
5 £ 5 € 3 ₹ 4.		BURIAL, CREMATION	, REMOVAL	23b. DATE	2	3¢ NAME OF C	EMETERY OR CRE	MATORY	23d. LOCAT				STATE
BP		BURIAL		05-29-	-85		THEDRAL		BALTI	MORE		COUNTY	MARYLAND
HMH - 16 50M 4/83	24 F	JNERAL DIRECTOR			ADDRE	212		25a. DATE	REC'D. BY REC		W		URE
(VRA 15, 4)	H	UBBARD FUN	NERAL H	OME, IN	NC. 410	7 WILKE	NS AVE.	JUI	V3 1	385	Sirkin de	widom-	fondett.

STATE OF MARYLAND



2012	1	24/85 Ite m #. FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	0 0	4   5
3013		CEASED NAME FIRST OR PRINTS	Girl Ro	hmon	REG. NO.  20 DATE OF DEATH MONTH DA	85 7:3
ector. page 3 rs after death	3. SE		1. RACE	5. DATE OF BIRTH MONTH DAY YEAR 5 8 85	6. AGE (IN YEARS LAST BIRTHDAY) IF	UNDER I YEAR IF UNDER
3		RTHPLACE   STATE OR FOREIGN   OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED XX WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF	
1100	B	ALTINORE CITY	MERCY LE	SPITAL	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINE
3	13n S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN d.		YES NO T	13e STREET ADDRESS / ZIP CODE 52 Beech St. Ap	ot. B 212 <b>Z</b>
1300	14 FA	THER'S NAME FIRST	MIDDLE LAST	B ERNES	INC WIDDLE F	OBINSO
Poges medical		VAS DECEASED EVER IN U.S. AR (ES. NO OR UNKNOWN) (IF YES GIV	MED FORCES? 166 SOCIAL SECU (E WAR OR DATES)		n PHONG) 52 BEEC	
ng physicie bonpaper removol. c event, th		PART I. DEATH WAS CAUSE	ily one couse per line for (a), (b), on D BY: IE CAUSE (a) SYRC		(NON WIABLE)	APPROXIMATE INTERBETWEEN ONSET AND
d by the ottendin eose remove carb al, cremation, ar or other traumatic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE  (b) (10) (10)  DUE TO, OR AS A CONSEQUE  (c) (CONPLICATION	VIABLE BOBY	PNEWNOTHORAX	9 m vr
n signed Then pli to burr injury, o	NOI	PART 2 OTHER SIGNIFICANT (	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM		N PART 110
re has been sit permit.	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY! YES NO YES	WERE FINDINGS USER NG CAUSES OF DEAT NO
		210. ACCIDENT WAS UNDERLYING	1 216 TIME OF INJURY	121, HOW BUILDY OCCUP	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	
Hyg Hyg 18 sh	CAL	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR	KED (ENTER NATURE OF INJURY IN TEM 18 PAK	t I OR PART 2)
this certificate the burial-transit and Mental Hyg	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR  19  211 LOCATION	CITY OR TOWN	
one or arealoning priyace 1708. After this certificore for use as the burial-transit of Health and Mental Hyg	MEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHITE NOT WHILE AT WORK	HOUR A.M. MONTH D P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE I	AY YEAR 19 216 LOCATION STREET 5/9/2, 19		COUNTY 51
DIRECTOR: After this certificore considerable of the consideration of the considerable	MEDICAL	OR CONTRIBUTING CAUSE OF DEA  (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE OF WHILE ALL WORK  220.1 certify that (1) (this haspi	HOUR A.M. MONTH D P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE I	AY YEAR 19 216 LOCATION STREET 5/9/2, 19	CITY OR TOWN	COUNTY 51
RECTOR: After this certificore red for use as the burial-tronsing to the Burial-tronsing to the Table on Mental Hygistem 21 is marked or them 18 shall be a second to the them.	MEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHITE NOT WHITE 22a.1 certify that (1) (this hasp) sow the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE	HOUR A.M. MONTH D P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE I	AY YEAR 19 21! LOCATION STREET  5/9/2	to 5/9/8 19 death occurred on the date and hour of	COUNTY 51

DHMH - 16 60M 7/84 (VRA 15, 4)

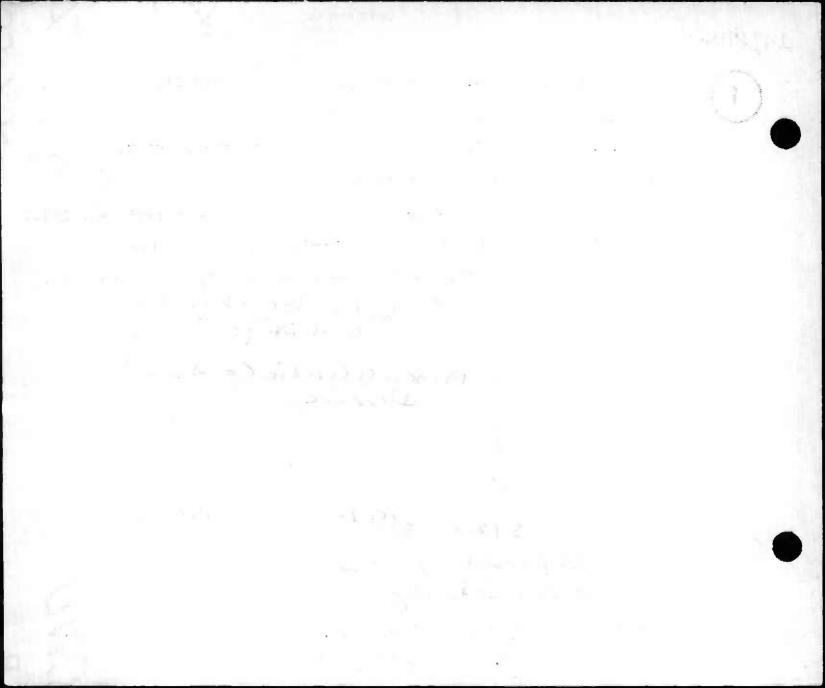
24 FUNERAL DIRECTOR NAME Anatomy Board

Balto., Md. WALL PASSET REC'D, BY REGISTRANTISD. RE

W. H. Colon of Colon of the Col

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after evalued by the hospital or attending physician.
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The stoined by the hospital or attending physician.
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O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 haurs after death. Pog a man be storned by the hospital or ottending physician.  O FUNERAL DIRECTOR. Act this certificate sensitive of the ottending physician and completely filled in by the transmit in the places remove corbon papers. Pages 1 and 2 should be tited within 72 to certificate for use as the buriol-strongly permit. Then places remove corbon papers. Pages 1 and 2 should be tited within 72 to certificate for use as the buriol-strongly permit. Then places remove corbon pages? Pages 1 and 2 should be tited within 72 to certificate the strongly of the medical examiner must be natified at an expectation.  WPORTANT: If them 21 is marked or them 18 shows any injury, or other troumotic event, the medical examiner must be natified at an example of the major to buriol, cremation, or removal.		DEP				4	1 5 3		
5	I Di		MIDDLE		AST			R 2h HOUR	
		E OR PRINT)							
1 26	<u></u>							M	
1 1	3. Si	X	4. RACE						
		Female	Black				YRS.	76	
6 112 4	7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8		9 BALTIMORE CITY	OR COUNTY OF DEATH	4	
nerth n 72	1	S.C.	USA				RE CITY.	MD.	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 (	ITY OR TOWN OF DEATH			OR OTHER INSTITUTION				
3 3					ENUE				
5 5 6					1124 INISIDE CITY LIMIT	TO 112 STREET ADDRESS	/ 710 CODE		
offer of day	rio,							0 21217	
sho sho			Dait	IMOLE		N NAME	SCWOOD AV	e. 21217	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Population of outside the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the transfer should be detached for use as the buriol-transit permit. Then please remove corbon popure: Paged 1 and 2 should be filed in the time state Dept. of Health and Mental Hygiene prior to buriol, cramation, or removal.  IMPORTANT: If Item 2.1 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner fourst be putillised at description.	_	FIRST		1	FIRST	WIDDLE	_	LAST	
De mo	2						Lane		
0				SECURITY NO.	17 INFORMANT	ADDI	RESS		
Poor E		No	248-	38-9716	James R	obinson 170	7 Westwoo	d Ave.	
		CALIST OF DEATH (Sales of			1	1	APP	ROXIMATE INTERVAL	
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		underlying cause last.	DUE TO, OK AS A CONS	EOUENCE OF	celant	ric (and	Glaun		
pled riol		DARLO OTHER CICALIFICANT		TO DE LIVE					
	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING		NOT RELATED TO THE	TERMINAL DISEASE OR COI	ADITION GIVEN IN PART	1110	
y or the	1 8	a constant		WELL CAPPAINS		Les	Tan IF WES WIFEE SH	15.000	
No de la co	1 0	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPST			
8 c 6 d c 9	/ [ 旨					YES NO	YES	NO 🗌	
ysic ysic Total	71 8	210. ACCIDENT WAS UNDERLYING		5.1V V5.15	21c. HOW INJURY OC	CCURRED (ENTER NATURE OF IN)	URY IN ITEM 18 PART I OR PART	2)	
Philipping and the philipping of the philipping		OR CONTRIBUTING CAUSE OF DE	NIN .						
rySig ing ing ing wen	18			19	21f LOCATION				
PHy end this	¥		(AT HOME STREET, FACTORY, OF	FFICE, FARM, ETC }	STREET	CITY OR T	OWN COUNTY	STATE	
te t	-	AT WORK AT WORK							
A Se A		22a.f certify that (I) (this hospi	tol) ottended the deceased for	rom	, 19		Fort 19	, that (I) (we) last	
TEN Intelligible		sow the deceosed olive on		ROBINSON  3. DATE OF BRITH  MONTH DAY YEAR  1. 1 1 2 15  6. AGE (MYTERIS LAST BRITHDAY)  MARRIED NEVER MARRIED DAY  MARRIED NEVER					
AT A	1		DEPARTMENT OF HEALTH AND MENTAL HYGIER CERTIFICATE OF DEATH    FRIST   MADDLE   LAST   72		22¢ D/	ATE SIGNED			
	I - STATE REGISTRAR  I. DECEASED NAME (IVPE OR PRINT)  JE  3. SEX  Female  70. BIRTHPLACE (STATE OR FORE) COUNTRY)  S.C.  10. CITY OR TOWN OF DEATH  BALTIMORE USUAL RESIDENCE (IF NURSING) 130. STATE  Maryland  14. FATHER'S NAME FIRST  William  160. WAS DECEASED EVER IN U (YES, NO OR UNKNOWN) NO  18. CAUSE OF DEATH (IE PART I. DEATH WAS SIMM  Conditions, if ony, wh gove rise to immedi couse (a), stofting underlying cause In  PART 2. OTHER SIGNIFIC  190. DATE OF OPERATION  PART 2. OTHER SIGNIFIC  WHILE AI WORK  210. IN JURY OCCURRED WHILE AI WORK  220. I certify that (I) (this sow the deceased o obove, (I) (we) (did) 22b. SIGNATURE  230. BURIAL, CREMATION, REM BURIAL 24 FUNERAL DIRECTOR	10-1	( + A)		ATTENDIN				
A TAL	_	100	10000	/		AN DIRECTOR PHYS	CIAN		
d b		224 PHYSICIAN'S NAME THE	A har	- An A -	22e ADDRESS				
PO FU		10	at 1200	VVVV					
5 5 5 8 3 8 T	230	BURIAL CREMATION REMOVAL	23h DATE	23¢ NAME OF C	EMETERY OR CREMATO	ORY 73d LOCATION			
DD	1	(SPECIFY)				CITY OR TOWN			
RY	24.5		15/26/85	church					
DHMH - 16 50M 4/83			ADDI	RESS			CZSD. REGISTRAR'S SIGN	VAIURE	
(VRA 15, 4)	W	m C March F/H	i inc. 1101	E Nort	h Avenue	MAI 2 4 1985	65 w am Latter	7	



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IMPORTANT: If Item 21 is marked or Item 18 shaws any

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO.					- 7

1.	FOR STATE REGISTRAR				EALTH AND MENTAL HYG ICATE OF DEATH	REC	6. NO.	4 1	5 4
	CEASED NAME FIRST	RACE	Robin	S. DATE O		20. DATE OF DEAT	ST BIRTHDAY) IF	UNDER 1 YEAR	HOUR 930 PA F UNDER 24 HRS
	Female	Bla	ck	HINOM	DAY YEAR	73	YRS.	LO P	HOURS MIN.
	USS. C.	CIŤIZEN ÖF W	HAT COUNTRY?	WIDOWE	6.3	BALTIMORE CIT	2 tina		TY, MD.
1	Baltimore	SINA C	HOSP (.	DORESS)	of Relymore	12a USUĀLOCCUI (TYPE OF WORK FOR MI		12b. KIND OF E	BUSINESS OR
	AT RESIDENCE (IF NURSING HOME OR O STATE 13b. COUNT	Υ 1	Baltine	1	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRE	SS / ZIP CODE		21215
14 FA	ATHER'S NAME FIRST Wisdom	DDIE	Du rant		15_MOTHER'S MAIDEN NAM			LAST	
	WAS DECEASED EVER IN U.S. ARM	ED FORCES? 1	6h SOCIAL SECUR	ITY NO.	17 INFORMANT  Donald Rot		2719 Pa	rkwoo	d_Aveni
	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR	ne for (0), (b), and  as a consequent  Ronal  As a consequent  As a consequent	- ROS	luce OBS	vest ten ctia		APPROXIMA SETWEEN ON	MY S
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	21b. TIME OF HOUR A.M. 21c. PLACE O (AT HOME, STREE	ON FOR WHICH CO	Y YEAR 19 RM EIC)	NOT RELATED TO THE TERM  N WAS PERFORMED  21t. HOW INJURY OCCURE  21t. LOCATION STREET  19  d that in (my) (aur) apinion of the physician (Physician (Phys	200 AUTOPSY?  FES NO [  RED (ENTER NATURE OF  CITY Of  to MAN death occurred on f	20b. IF YES, IN CERTIFY! YES INJURY IN ITEM 18 PAR OR IOWN The date and hour of	WERE FINDING ING CAUSES O	STATE  of (I) (we) lost sussess stoted
236.	BURIAL, CREMATION, REMOVAL BURIAL	5/17/	DSC-1		EMETERY OR CREMATORY  Zion Cemet	23d LOCATION CHYOR TOW	sdowne,	COUNTY	Md.

BP.

etained by the haspital ar attending physician.

HOSPITAL OR ATTENDING

DHMH - 16 50M 4/B3 (VRA 15, 4)

BURIAL 24 FUNERAL DIRECTOR

William C. March F/H 1101 E. North Ave. MA

250. DATE REC'D. BY REGISTRAR 259, REGISTRAR'S SIGNATURE

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njury, ar other traumatic event,

IMPORTANT: If Item 21 is marked ar Item 18 slights any

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remave carban papers. P with the State Dept. of Health and Mental Hygiene priar ta burial, cremation, ar remayal.

PHYSICIAN: The attending physicia

ATTENDING

HOSPITAL

retained by the hospital

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(VRA 15, 4)

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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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122620	1 - STATE REGISTRAR	
100000	1. DECEASED NAME (TYPE OFFRINT)	WILST

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
1. DECEASED NAME FIRST	TE M.	Robinson	20. DATE OF DEATH MONTH DA	7 85	S 10 p
1 SEX	4. RACE	5 DATE OF BIRTH	AOL (MITCHING CHOI GILLIAM)	F UNDER I YEAR	IF UNDER 24 HRS
Female	White	5/ 9 1900	84 YRS.	ONTHS DAYS	HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	16. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH	
Maryland	U.S.A.	WIDOWED DIVORCED	Baltimore City		M
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)		F BUSINESS OF
Baltimore	/ Francis Scott	Key Medical Center	Nurse Aid	Johns	Hopkin
USUAL RESIDENCE (IF NURSING III)	Of THE RINSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	In. CIRCE ADDRESS		

	.01 -1	-	VI.	1-011				77			6 \\
3. SEX		4. RACE		5 DATE C		10.7	& AGE (IN YEARS LA	ST SIRTHDAY)	MONTHS DAY		R 24 HRS
Female		White		5/	9	1900	8	4 YRS		HOOKS	Mild.
	ATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	- EP NEVER		9 BALTIMORE CI				
Maryland		U.S.A		WIDOWE		MARRIED .	Baltim	ore Ci			MD
10. CITY OR TOWN C	F DEATH		HOSPITAL, NURSIN		OR OTHER IN	TITUTION	12a USUAL OCCU			OF BUSIN	IESS OR
Baltimore	- /		is Scott		edical	Center		Aid		s Hop	kins
USUAL RESIDENCE	IF NURSING HOWE OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		A 124 INICIDE	CITY LIMITS?	13e STREET ADDR	223			
Maryland		imore	Dundalk	N	YES T	NO 🔛	7513 Wes		Road	2	1222
14 FATHER'S NAME		MIDDLE	LAST		15 MOTHER	S MAIDEN NA				AST	
Albert		WIDDLE	Tull		F	mm a	Mibi	, it		Knowi	n
169 WAS DECEASED	EVER IN U.S. AR	MED FORCES?	16b SOCIAL SECU	IRITY NO.	17. INFORM		A	DDRESS	1100	Idiow	-
(YES, NO OR UNKNOV	(IF YES, GIV	E WAR OR DATES)	214 22 7	1121	Marela	Dahinas		Ca	me as l	30	
No			214-22-7		Mack	Robinso	on	<u> </u>		DXIMATE INT	ERVAL
	DEATH (Enter or ATH WAS CAUSE		r line for (a), (b), an	d (c).)	COF	15			BETWEE		D DE ATH
	IMMEDIA.	TE CAUSE (a)			01	المسا			-	iens	_
		DUE TO, O	R AS A CONSEQUE	ENCE OF							
Conditions, if	f any, which	(b)									
couse (a),	stating the	DUE TO, O	R AS A CONSEQUE	ENCE OF							
underlying	couse lost	(c)_									
		CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR	CONDITION	GIVEN IN PART	1(01	
S CH	IF, S/P	m)	MODIN	1	dem	extan					
N 198 DATE OF C	PERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?		YES, WERE FINE		
198 DATE OF C							YES NO		YES [	NO	
The second secon	VAS UNDERLYING	216. TIME C	OF INJURY .M. MONTH DA	AY YEAR	21c HOW I	NJURY OCCUR	RED (ENTER NATURE	FINJURY IN ITEM 1	8 PART I OR PART 2		
OR CONTRIBUTION	FY MEDICAL EXAMINE		.M.	19		1011					
21d. INJURY O			OF INJURY REET, FACTORY, OFFICE, F	FARM, ETC.)	211 LOCAT		CITY	ORTOWN	COUNTY		STATE

211 LOCATION 214. INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE

220.1 certify that (I) (this hospital) attended the deceased from sow the deceased elive on above. (1) (ive) (did) (did not) view the body after death (my) (our) opinion death occurred on the date and hour and from the causes stated and that

DEGREE 276. SIGNATURE 22c. DATE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 77e ADDRESS 774. PHYSICIAN'S NAME (TYPE OR PRINT)

MICHASI FRIDAKIS 230. BURIAL, CREMATION, REMOVAL SPECIFY) Burial 23d. LOCATION CITY OR TOWN 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE

Oak Lawn

DHMH - 16 50M 4/B2

24 FUNERAL DIRECTOR Duda-Ruck, Inc. 7922 Wise Avenue

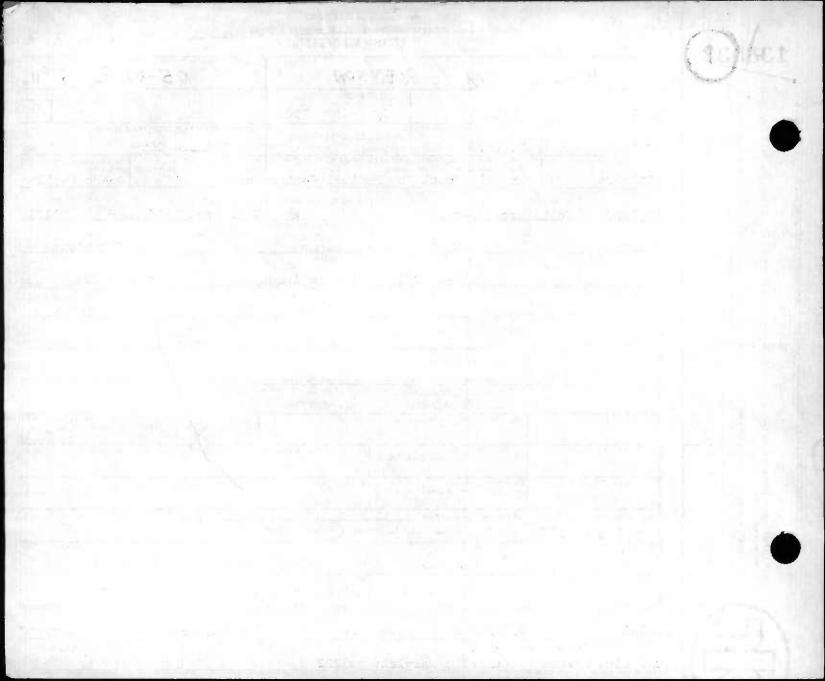
5/10/1985

21222 Dundalk, Maryland

Baltimore

Maryland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

COUNTY



34596	1	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGIENE 3 5	1415	
/		ECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR	
( £	(17)	DOROT	THY	RODGERS	May 7, 1985	7:45P	
1	3,5		4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS	
(10)		Female	White	Aug. 22, 1904	80 yrs.	MONTHS DAYS HOURS MIN	
J.	4	BIRTHPLACE LISTATE OR FOREIGN COUNTRY	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Dalhimana Cit		
De la constante	10	Baltimore	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET 3811 Canterbui		(TYPE OF WORK FOR MOST OF WORKING L ACCOUNTANT	126 KIND OF BUSINESS O INDUSTRY Payroll	
and the second	US 130	JAL RESIDENCE (IF NURSING HOME STATE 136 COI	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR JUNTY 130 CITY OR TOV	VN 13d INSIDE CITY LIMITS	3811 Canterbu		
and 27	14.1	Walter Walter	MIDDLE (AST Finle	ay Una	MIDDLE	vannes	
Pogen medica	160	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? 166. SOCIAL SECTION OF THE PROPERTY OF THE PROPE		M. Bachman, F	Ruxton, MD	
by the others rate remove o al, cremation, righter traumo		Canditians, if ony, which gave rise to immediate cause (o), stating the underlying cause last	DUE TO, OR AS A CONSEOU		dis vascular dis Ease		
Then ple to burn nlury, or	NO	PART 2 OTHER SIGNIFICAN	Chume of	GEATH BUT NOT RELATED TO JUST TO	ERMINAL DISEASE OR CONDITION GI	VEN IN PART 110	
has been permit and prior	CERTIFICATION	90 DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?	
entitions and transfer and tran		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	EATH HOUR A.M. MONTH D	PAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
attended to the burner tond Me sked or b	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	FARM ETC ) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE	
ECTOR, Al d for one of the other m 21 is the	2	saw the deceased alive	prior) offended the deceased from 5 19		ion death occurred an the date and ho		
EXAL DIR EXAL DIR se detoche State Des		224 PHYSICIAN NAME : TH	4 Osman	DEGREE ATTENDING PHYSICIAN 226. ADDRESS	G MEDICAL STAFF N DIRECTOR PHYSICIAN	5 8 85	
Day of the Control of		Dr. Alfred (	()		Paul St., Balto	., MD 21202	
56131	230	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATO	RY 23d. LOCATION		
ip.		Burial	5/10/85	Druid Ridge	Pikesville.	MD STATE	

21212

24 FUNERAL DIRECTOR Henry W. Jenkinson & Sons Co.

4905 York Road Balto., MD

MAY 1 0 1985 Mai Javidson Rode

DHMH - 16 60M 7/84

(VRA 15, 4)

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French Committee Hower Suffered Family Ford x x 8811 Centerbury Fd., 21210 Firm U C On venne ETE WETE Who. H. M. Beanten. Luxton, WE 20 Alfred C. 1937 M 12 1101 St. Pluf 35 1212 1114 coli i the discoli leinue COLUMBIA & INTERPOL WILLIAMS \_\_SISTE\_\_\_\_\_\_SIE\_\_\_CTOPLESTOY BEIN

## - STATE

1. DECEASED NAME

(TYPE OR PRINT)

REGISTRAR

FIRST

MAXIE

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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN **CERTIFICATE OF DEATH**

LAST

ROE

E	8	5
		REG. NO

2a. DATE OF DEATH

MONTH

MAY 19, 1985

2b. HOUR

M

		20.20
	TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours offer death. Tegs described by the hospital or attending physician.	1
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	deol	otter ove tion
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The etoined by the hospital or ottending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral dissipation by detached for use as the bund-transit permit. Then please remove corbonopopers. Pages fond 2 should be filled within 72 has with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.
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	PIT,	VERY be d
	HO	FUP bld
	0 %	5 of 3

1. 11.1.	3. SE	X	4 RACE	5. DATE C			6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER	-
		Male	Black	MONTH	1 1	28	56 YRS.	MONTHS DAYS	HOURS	MIN.
6 62 8	Jo. B	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.	□ NEVER	MARRIED K	9 BALTIMORE CITY OR COUNT	Y OF DEATH		
1 1 1 Br	M	aryland	U.S.A.	WIDOWE		VORCED	BALTIMORE CI	ГТҮ		MD.
1 2 9	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME C		TITUTION	120 USUAL OCCUPATION	126 KIND O	F BUSINE	SSOR
5 500	B	ALTIMORE	3800 WOODBIN		ENUE		(TYPE OF WORK FOR MOST OF WORKING	(IFE) INDUSTRE		
be f	USU	AL RESIDENCE (IF NURSING HOME O	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE C	TV HAITCO	13e STREET ADDRESS / ZIP COL	or.		
rithin 24 hours of		aryland	Baltimo		YESXXX	NO [	3800 Woodbir		116	2120
ithin tely 2 sh	14. F	ATHER'S NAME	MIDDLE LAST		15. MOTHER	S MAIDEN NAM	ME MIDDLE			-120
Par and a special spec		-	middle (AS)			FIRST	WIDDLE	LAS	1	
5 0		WAS DECEASED EVER IN U.S. AI		RITY NO.	17 INFORMA	ANT .	ADDRESS			
Poges medico		YES NO OR LINKNOWN) (IF YES, GI	219-22-	1430	Jaco	ueline	Minor 518 Ea	st 23r	d Si	tree
D 0 % 0 #		18 CAUSE OF DEATH (Enter o	nly one couse per line for (o), (b), one					APPROXI BETWEEN	MATE INTER ONSET AND	VAI DEATH
physicii poper movot.		PART I. DEATH WAS CAUS	TE CAUSE (0) Cardine	A	rest			-	_	
ding orbor		IMMEDIA	TE CAOSE (O)				^			
deoth contending of the corbing or tion, or oumotic	1	Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	ALLY	tio 1	teart	DIJERSE			
he d mori	1	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE							
by toser ), cree	1	underlying couse lost.	(c)	NCE OF						
ined inple ourio	1	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	IN AL DISEASE OR CONDITION G	IVEN IN PART 10	)	
n sig Ther r to t	0 N	Weabetes	mell, tas							
ow remit. I prior ony is	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	WAS PERFO	RMED		ES, WERE FINDIN		
V: The lo								rES [	NO [	
YSICIAN: T ding physici s certificate buriol-tronsi Mental Hygi ir flem 18 sh		21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)		
SICIA pl pl certif miol-t entol	MEDICAL	OR CONTRIBUTING CAUSE OF DE	AIR I	19						
HYS ndin his c build d Me	ED	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F.	ARAM FIC )	211 LOCATI		CITY OR TOWN	COUNTY	5	TATE
otte otter ter t s the hon	2	AT WORK NOT WHILE AT WORK	The state of the s	ann, ere j						
A P Or S P O P O P O P O P O P O P O P O P O P		22a I certify that (1) (this hasp	ital) attended the deceased from_	4	18	19	to present	19	that (I) (v	ve) lost
TTEP prior for of H		sow the deceased alive or above, (1) (we) (did) (did no	of) view the body ofter death.	or	d that in (my)	(our) opinion o	deoth occurred on the date and ho			
hos hos thed tept.		22b. SIGNATURE			DEGREE			22¢ DATE	SIGNED	0 6
AL DAL DAL DAL DAL DAL DAL DAL DAL DAL D		Robert	Wien	m	)	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN			J
HOSPITAL ned by the FUNERAL old be detented to the Stote	1	224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRES		0-11/~	10 21218	-	
		Robert W	Peters		VAMO	dical Co	enter, 3900 Loch R	hven blu	of	
Of Off		BURIAL, CREMATION, REMOVA	. 23b. DATE 23c N	AME OF C	EMETERY OR	CREMATORY	23d LOCATION CITY OR TOWN	COUNTY		1416
BP	_	(SPECIFY)	5/23/85 Ga	rris	on Fo	rest V	A Owings Mill	COUNTY	Md.	TATE
DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR				25a DATI	E REC'D. BY REGISTRAR 2510 REGIS	STRAR'S SIGNAT	URE	
(VRA 15, 4)	W	m C March F/	H Inc. 1101 E	Nort	h Ave	nue MA	Y 21 1985 / 12	Davidson-1	anal	<u> </u>

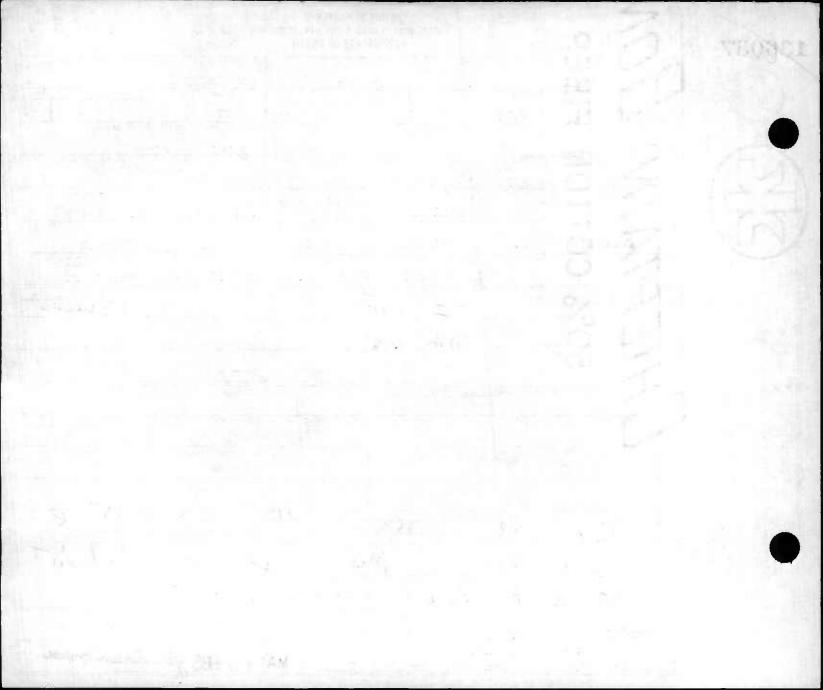
BP. DHMH - 16 50M 4/ (VRA 15, 4)

9 1					STA	TE OF MARYLAND			
	1.	FOR STATE				HEALTH AND MENTAL HY	GIENE 8 5	4	1 5
		REGISTRAR G	race E	. Rogers	CERT	IFICATE OF DEATH	REG. N	10.	
		E ASED NAME	FIRST	MIDDLE	-	LAST	20 DATE OF DEATH	MONTH DAY YEA	70 1100
	(TYPE	OR PRINT)	Grac	e E.	PLIR	115	5 -	14-85	45
	3. SEX		- / -	I. RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BE		
\		C		14)	ном		0.0		AYS HOURS
	No. Du	THOLACE		VO	COUNTRY	06 98	86	OR COUNTY OF DEATH	
11		RTHPLACE (STATE OR OUNTRY)	FOREIGN ]	L CITIZEN OF WHAT	MARR	IED NEVER MARRIED	Y BALLIMORE CITY	OR COUNTY OF DEATH	
20			Md.	US.			pal	to al	1
1/		TY OR TOWN OF DE	ATH		TAL, NURSING HOME  TAL, NURSING HOME  TAL, NURSING HOME  TAL, NURSING HOME	OR OTHER INSTITUTION	128 USUAL OCCUPAT		ID OF BUSINE
16		alto.		hert	heran	Har getal	Retired		
	USU/	AL RESIDENCE (IF NUR	SING HOME OR C		SIDENCE BEFORE ADMISSION	1 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 710 CODE	
	1	Md.	135 COOK	-	Balto.	YES NO	5805 Kay		21206
0	14. FA	THER'S NAME				15. MOTHER'S MAIDEN NA	AME		
500		FIRST	Unkn	own	LAST	FIRST	WIDDLE	known	LAST
a	16n. V	AS DECEASED EVE			OCIAL SECURITY NO.	17. INFORMANT	ADDR		
Dedico		ES, NO OR UNKNOWN)		WARORDATES	5-07-1952		22++0200	EQUE Varia	7
D V		no		21	3-0/-193	2 Helen M. E	atterson		
Ė,	2	PART I. DEATH V	H (Enter only	y ane cause per line fo	ar (a), (b), and (c)			BETW	PROXIMATE INTE
ury, or other	z	PART 2 OTHER SIG		ONDITIONS CONTRI	BUTING TO DEATH BU	DT NOT RELATED TO THE TERM	MINAL DISEASE OR COM	NDITION GIVEN IN PAR	T lia
lui duo	CERTIFICATION	196. DATE OF OPERA	TION	196 CONDITION	FOR WHICH OPERATI	ON WAS PERFORMED	20s AUTOPSY?	20b. IF YES, WERE FIN	
Sm C	I						YES NO	YES	NO [
8 sho	GR	218. ACCIDENT WAS UN		216. TIME OF INJU	JRY MONTH DAY YEA	21¢ HOW INJURY OCCUP	RED (ENTER NATURE OF IN)	JRY IN ITEM 18 PART I OR PART	(2)
E	AL	OR CONTRIBUTING		P.M.	NONTH DAT TEA				
- U	MEDICAL	21d. INJURY OCCUP		21e. PLACE OF IN	JURY	211 LOCATION STREET	CITY OF I	OWN COUNTY	Υ 5
0	X	WHILE NOT W	HILE	(AT HOME, STREET, FAI	CTORY, OFFICE, FARM, ETC }	SIREET		541.4	4
E S				ol) oftended the decr	eased from	19/1/19/8/	to	9 19 1	, that (l) (s
21 15		sow the decea	ed alive on	1/14	19 8	and that in (my) (aur) apinion	death accurred on the	late and hour and fram	
		abave, (I) (we)	did) (did not	view the body after	death.	DEGREE		22r D	ATE SIGNED
# Hen		228. SIGNATURE	6	1,1		ATTENDING	MEDICAL STA	AFF _	1.
<del></del>		-	- /	1711			DIRECTOR PHYSI	CIAN	17
MPORIANI:		274 PHYRICIAN SA	roge	0 1	emarau	22e ADDRESS		/	
2	23 a E	URIAL, CREMATION	RE V VAL	23b. DATE	23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	E OUNTY	5
	Ci	emation		5-15-85	Green	Mount Cem.	Balto		Mc
2	24 FL	INERAL DIRECTOR					TE REC'D. BY REGISTRA	256 REGISTRAR'S SIG	NATURE
83		John C.	Mille	r Inc 6	415 Bela	in Pd M	AY 1.5.1985	La Davidson	n-Handa
				11C . U	ATO DETG	TT KO - I WI		I .	

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
W. PRESTON ST.	
1. RECORDS, 201	
DIVISION OF VITA	
4	-

		<b>O</b> D					E OF MARYLAND	52 m	1 /1 /	5 0
	- S	OR TATE EGISTRAR			DEP		EALTH AND MENTAL HY ICATE OF DEATH	REG. NO.	1 1	2 7
		ASED NAME	FIRST		MIDDLE		ASI	20. DATE OF DEATH MON	NTH OAY YEAR	26 HOUR
(1	YPE OR	PRINT}	Marie		В.	Ro	gers	May 10 1985		, M
3.	SEX		arre	4 RACE	-	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHOA		IF UNDER 24 HRS
T	em.	ale		White		MONT		77	YRS MONTHS DAYS	HOURS MIN.
	BIRTH	PLACE (ST	ATE OR FOREIGN		WHAT COUN	IRY? IN	2 1907	9 BALTIMORE CITY OR CO		
4		yland		USA		WIDOWE	DEVER MARRIED DEVORCED		?i+v	MD
1		ortowno		(IF NOT IN SU	HOSPITAL, NUICH FACILITY, GIVE S	IRSING HOME (	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Housewife	12b KIND O	OF BUSINESS OR
JJ:	SUALI	ESIDENCE (	IF NURSING HOME C	R OTHER INSTITUTION	N GIVE RESIDENCE	BEFORE ADMISSION)			212	1 1
4	MD	16	13b COU	NIT	Balti		13d. INSIDE CITY LIMITS?	3838 Roland	CODE	
14.	FATH	ER'S NAME					15 MOTHER'S MAIDEN N	IAME		
		Jose	ph	W.	Gi	bson	Mazie	E.	Stewart	
160	WA:	DECEASED	EVER IN U.S. A		166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRESS		219
	NES	NO OR UNKNOV	NN) (IF YES, G	IVE WAR OR OATES)	220-09	-6190	Joseph F. Ro	gers 2318 Lodo		
F	118	CALISE OF	DEATH (Enter o	nly one cause pe	r line for (a). (b)	and to the		,		IMATE INTERVAL ONSET AND DEATH
	1."		ATH WAS CAUS	ED BY:	MA	Cla	-		34	cells
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2		ART 2. OTHE	R SIGNIFIC ANT	CONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION	ON GIVEN IN PART 110	0
1	191	DATE OF C	PERATION	196 CONE	DITION FOR WE	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 201	b. IF YES, WERE FINDIN	VGS USED
1 1								IZ	CERTIFYING CAUSES	OF DEATH?
7 J	71	a ACCIDENT V	VAS UNDERLYING	21b. TIME	OF INJURY		21r. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN		NO []
-/1		R CONTRIBUTIN	G CAUSE OF O	EATH HOUR A	M. MONTH	DAY YEAR		The state of the s		
MEDICAL	21	IF EITHER NOTE	FY MEDICAL EXAMINE		OF INJURY	19	21f LOCATION			
AE	1		NOT WHILE AT WORK		TREET, FACTORY, OF	FICE FARM ETC )	STREET	CITY OR TOWN	COUNTY	STATE
				1			1		- 1	- /2
	22		pat (I) (this hosp legen and alive o	itol) attended t	he deceased tr		, 19 , 19 , 19 , 19 , 19 , 19 , 19 , 19	n deoth occurred an the date o	. 19 - 3	that (we) last
	L	above, In	did n	at) view the bad	y after death.			n deom occurred an the date o	ind have and fram the	couses stated
	22	b. SIGNATUI	Xho	Reer		N	DEGREE ATTENDING	MADICAL STAFF	The DATE	NA
4		DHACICIVI	N'S NAME (TYPE				PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	310	4
	14	d. PHYSICIAI	N S INAME (TYPE	V1	Ras	,	3001 5	Poul Si		
+		2	· ( wyny	B.	DEL		730 30	1000		
23	(SPE	CIFY)	TION, REMOVA				EMETERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE
0.4	FILE	Burial	0.0	5/13/	/85	Oak La			, Maryland	
				Ruck, In			i M	ATE REC'D. BY REGISTRAR 255.	REGISTRAR'S SIGNAT	andella
17	922	Wise	Avenue	Dur	ndalk. N	Maryland	21222	AY 1 0 1985 F	MENTON THOM	



	FOR STATE				MENT OF	HEALTH	ARYLANI AND ME	NTAL HY	GIENE	5			day.	1	6	0
	REGISTRAR	FIRST	ME	MIDDLE	XAMIN		ERTIFIC	ATE OF	DEAT	Н .	REG. N					
	CEASED NAME PE OR PRINT)								20	OF.	ESTI-	_				2b. HOUR
3. SEX	C I4 RA	James	5. DATE OF BIRTH	Frede	rick 6 AGE (IN YEA		Rooney	IF UNDER 24	4 HRS. 20	DEATH	MAIED	MÓN	5 TH	1219	85 YEAR	2d HOUR
Ма		ite	Jan 18	YEAR	LAST BIRTHDA	Y) MONTH				DEAD	CED		5	1210	85	4:40
7a. B	IRTHPLACE (STATE OF		76. CITIZEN OF W			0	ED NEVI	ED 11 ADDIED	9	BALTIMO	ORE CITY	OR CO				,,,,
M	aryland		U.S	. A.		WIDOW	_	DIVORCED		Bal	timor	ce C	ity	7.		MD
10. C	ITY OR TOWN OF D	EATH	11. NAME OF HO	SPITAL, NUR		, OR OTH	ER INSTITUTI		12a USUA		ATION (TY			OR INC	OF BUS	INESS
	Baltimore			Prati	t Stre					bore				Gen.		
13a. S		136 COUNT		13c. CITY O	OR TOWN		13d INSIDE CITY	Y LIMITS? 1:	3e STREE	TADDRES	SS					
$\overline{}$	aryland			Bal	timo	re	YE <b>%</b>			509	S.	Gru	nd	y St	.2	1224
14 F/	ATHER'S NAME		MIDDLE	L	AST		15. MOTHER	R'S MAIDEN	NAME	MI	DDLE			LAST		
	Henry	201112		Ro	ONEY		M	adel	ine		100000			Hess		
16a. V	WAS DECEASED EVE (ES, NO, OR UNKNOWN)	LIF YES, GIVE V	WAR OR DATES)				17 INFORM				ADDRES				22	4
	yes	WW	II	219	16 73	375	Char	lotte	e Ro	one	/ 81	1 S	. F	Fagl	ey	St.
	Canditions, if gave rise to couse (o) station lying cause las	immediate	(b)	R AS A CONS												
NO	PART 2 OTHER SIGNIFICA	ANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATI	EO TO THE TERMI	NAL OISEASE	OR CONDITION	GIVEN IN PART	1 (a)					140		
CERTIFICATION	19a. DATE OF OPE	RATION	196. CONDI	ITION FOR W	HICH OPER	ATION W	AS PERFORM	NED?						20 AUTO	OPSY?	
TIE														YES	X)	NO 🗌
AL CER	210. EXTERNAL CA UNDERLYING X CONTRIBUTING		216. TIME O HOUR A.A	FINJURY A. MONTH	DAY YEAR 12 <sub>19</sub> 8		w MUJURY C ubject						R PART :	2)		
MEDICAL	214 INTERVOCCI	PPED	21e PLACE	OF INJURY	(AT HOME,	211 LO	CATION							15		
2	WHILE ON AT	WORK X	] SINEEI, FAC	build:	ing		l E. P	ratt S	St.,	Balt	imore	9	COUN	IA		Md
	100000000000000000000000000000000000000		e of the remains de	scribed ab	held on	Autops	y X	Inspection		Inquiry	□. <u> </u>	nd in m	y apın	ian		
	deoth resulted fro	m: Nofee	Thoses U.	Accident	Sui	cide	Homicio		Undeter	mined mai	nner	,				
	ACTUAL SIGNATURE	1	non	oge	TW	W		ng Chi	LENEDIC	AL EXAMI	INER	SIC	ATE GNED.	5/	12/	85
	EXAMINER'S NAM (TYPE OR PRINT)		nomas D.				ADDRESS	111 P∈			alto.	MD.				
23a.B	URIAL, CREMATION	REMOVAL 23	b. DATE	23c. N.	AME OF CEN	NETERY OF	RCREMATOR	RY .	23d. LOC	ATION				777		

DHMH - 17

(VR A15 ME (5))

23a.BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial May May 17 '85

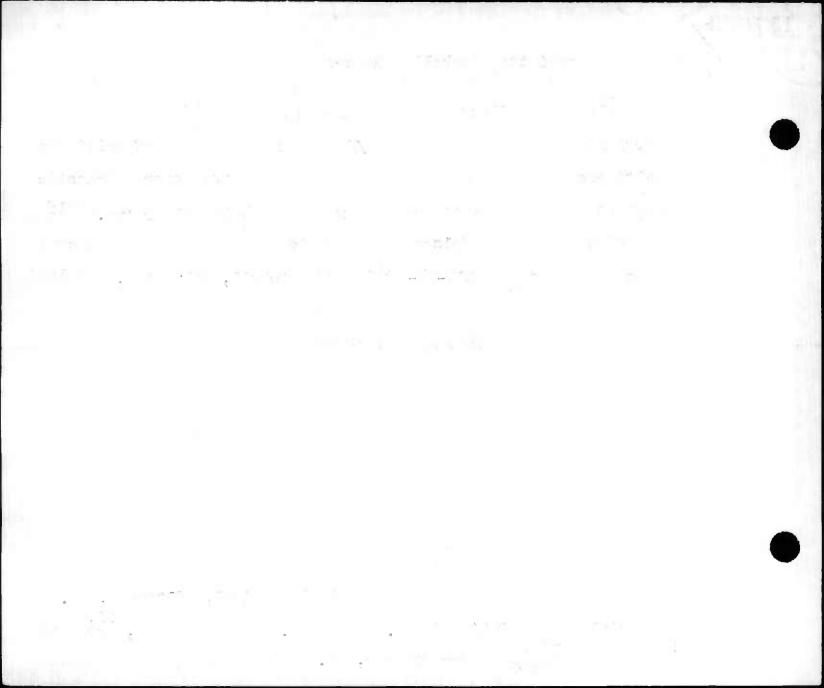
23c. NAME OF CEMETERY OR CREMATORY

Md.

24 FUNERAL DIRECTOR Lilly & Zeiler, Inc 700 S. Conkling St

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	d y	N D	
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	TO HOSPITAL OR ATTENDING PHYSICIAN, The low requires that the death certificate be executed within 24 hours ofter death. Page 3'm retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, should be detached for use as the buriol-transit permit. Then please remove corbonpopers. Pages fload 2 should be filed within 72 hours pfte with the State Deet of Health and Mental Hotene prior to buriol, compation, or removal.	5

137023/	1 -	FOR STATE REGISTRAR	DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5	<sup>2</sup> /4500	4	6 1
noy be		OR PRINTS	ietta risabell inrietta	RO	oscoe Scoe		5 PAY	85	26 HOUR
recor. Lrs affe	3 SEX	Female	Black	5 DATE O	25 47	6 AGE (IN YEARS LAST BIR	YRS.		IF UNDER 24 HRS HOURS MIN.
deoth. Po	1	RTHPLACE (STATE OR FOREIGN DUNITY)  Maryland	76. CITIZEN OF WHAT COUNTRY?	WIDOW		9 BALTIMORE CITY O	of	Balt:	imorem
201 urs ofter dec by the fune filed within	F	altimore	(IF NOT IN SPEH FACELITY, GIVE STREET	P/tal	dr'other institution	Houseke	on Fworking Life)	INDUSTRY	estic
LAND 21: nin 24 hou ly filled in should be	130. S Ma	ryland 35 cou	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE UNITY 13c. CITY OR TOW Baltimor	Ν	YES 🔯 NO 🗌	13e STREET ADDRESS /		ve. 2	1215
maryl markling with completely cond 2 s		THER'S NAME Festes	Netson		Annie	ME	55	(unkr	nown)
be executor on ond control on one one one one one one one one one		VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN)  [IF YES, G	RMED FORCES? 166 SOCIAL SECULOR WAR OR DATES)	9159	Patsy Sate				ryland
ST., BALT intificate by physicio on popers emovol.		PART I. DEATH WAS CAUS	ATE CAUSE (O) COTOTOTO	7 MOA				BETWEEN	MATE INTERVAL DNSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours or oftending physician.  Wher this certificate has been signed by the oftending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages if and 2 should be file than and Mental Hygiene prior to burial, cremation, or removal.  Orked or Item 18 shows any injury, or other traumatic event, the medical examiner must be no		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE						
orto buri	NO.	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	Shis I		IN AL DISEASE OR CONE	OITION GIVEN	IN PART 110	1
VITAL RECO	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO		200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES [	G CAUSES	
1510N OF VITA 15 PHYSICIAN: The feeding physicic front the burnol-tronsit and Mentol Hygin ed or Item 18 sho	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 216. IN JURY OCCURRED	HOUR A.M. MONTH DA	YEAR	21c HOW INJURY OCCURE				
DING PH Or offer thing e os the toolth ond morked o	ME	WHILE NOT WHILE AT WORK	( AT HOME STREET, FACTORY OFFICE F	ARM ETC )	STREET	CITY OR TO	wn	COUNTY	STATE
TTEN Spitol CTOR: for us of He		sow the deceased alive a above, (I) (we) (did) (did r	pilol) ottended the deceased from		nd that in (my) (our) opinion (	deoth occurred on the do	ote and hour a		
T Doct		226 SIGNATURE	Dennes		ATTENDING PHYSICIAN [	MEDICAL STAF DIRECTOR PHYSIC	FIAN	5-	1115
TO HOSPITAL TO FUNERAL Should be det with the Store		22d PHYSICIAN'S NAME (TYPE	ton Deaker		Sinai Hos	spital, Ba			id.
BP	23a. 8	SURIAL, CREMATION, REMOVA			James Cem.	23d LOCATION CITY OF TOWN NEW WIT	Carradsor,	Mary	yland
DHMH - 16 50M 4/83 (VRA 15, 4)	X	XI Just	New New Wi	ndso		Y 1 4 1995	25b. REGISTRA		



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should be detached for use as the burial-transit permit. Then please remove carban papers. Pages A with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumatic event,

IMPORTANT: If Item 21 is marked or Item 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

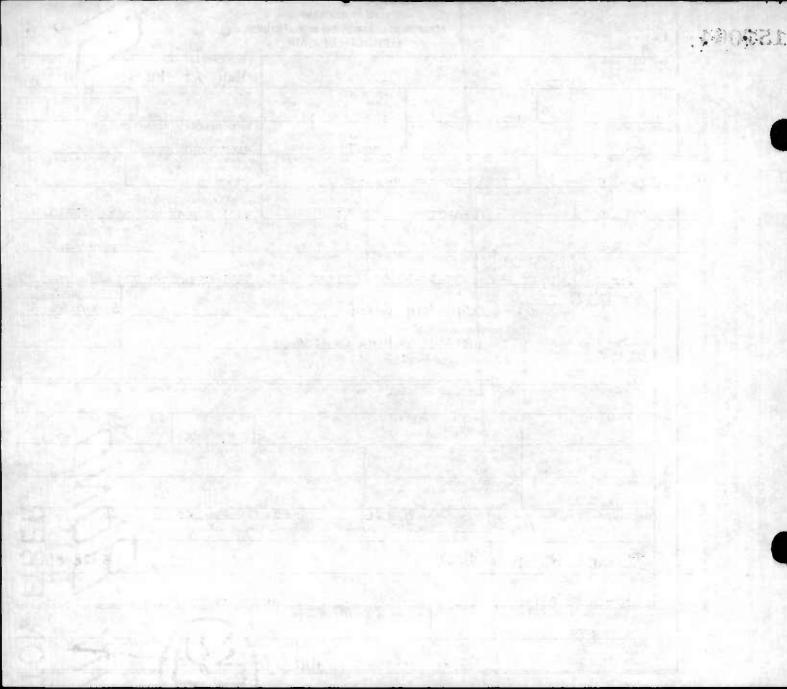
# FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	5	1	4	1	6	4

REGISTRAR		CERTI	FICATE OF DEATH	REG. N	0.		
I. DECEASED NAME FIRST		WIDDLE	LAST		MONTH DAY	YEAR	26 HOUR
(TYPE OR PRINT) WILI	TAM	G. RO	CE	May 28	1985		1120 A
3. SEX	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
MALE	WHITE	10	07 1922	62	YRS.	E DE ATU	
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY? 8. MARRII	ED NEVER MARRIED DIVORCED D	9. BALTIMORE CITY O		PDEATH	ME
MATNE 10 CITY OR TOWN OF DEATH		HOSPITAL, NURSING HOME CHEACILITY, GIVE STREET ADDRESS)		PAT TIMORE  12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		12b. KIND C INDUSTRY	OF BUSINESS OR
BALTIMORE		MEMORIAL HOSP		PHOTOGRAPI			
USUAL RESIDENCE (IF NURSING HOME 13a STATE 13b CO		, GIVE RESIDENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		
MARYLAND		BALTIMORE	YES NO	3601 GREEN	WAY 7	05 2	1218
14 FATHER'S NAME FIRST  GEORGE	WIDDLE	ROSE	15. MOTHER'S MAIDEN NA	WE		LAS	
160 WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURITY NO.	EMMA 17. INFORMANT	ADDRE	SS	ENGL.	LSH
	GIVE WAR OR DATES)	000 10 0000		0.601			
	WII	1020-18-8008	I WILLIE ROSE	3601 GREEN	WAY 70		MATE INTERVAL ONSET AND DEATH
18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	only one couse per SED BY:	rline for (0), (b), and (c).)					onset and DEATH
	(c)	IR AS A CONSEQUENCE OF  ONTRIBUTING TO DEATH BU  ITION FOR WHICH OPERATION	T NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN		
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196. COND	ITION FOR WHICH OPERATIO	ON WAS PERFORMED	YES NO NO		NG CAUSES	OF DEATH?
	DEATH HOUR A	DF INJURY .M. MONTH DAY YEAR .M. 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
OR CONTRIBUTING CAUSE OF I		OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
220.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did	may 28	19 85	b 19.85 and that in (my) (our) opinion	to May 28 death occurred on the de			that (I) (we) los couses stated
Maria E. D.		m.D.	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAI		22c. DATE 5-2	SIGNED 8-85
22d PHYSICIAN'S NAME (TYP		1. D.	22e ADDRESS IINTON MEMO	RIAL HOSPIT	ΔΤ.		
230 BURIAL, CREMATION, REMOV, (SPECIFY)  Removal		23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		OUNTY	STATE
24 FUNERAL DIRECTOR			25a. DA1	TE REC'D. BY REGISTRAR	25h REGISTRA	R'S SIGNAT	LURE .
Anatomy Board	Ва	alto., Md.	HIN O S	3 1485 guin	Davidson		

BP. DHMH - 16 50M 4/83 (VRA 15, 4)



21215

6010 REISTERSTOWN RD. BALTO., MD

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1345132

(VRA 15, 4)

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Report 7-66 For Plant and 2" All value in a behalf

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS 142133 - STATE REGISTRAR REG. NO KNOWN X 1. DECEASED NAME 2a DATE 76 HOUR LIVEE OR PRINTS OF ESTI-E FUNERAL DIRECTOR.

E 5 FOR YOUR FILES.

ED, WITHIN 72 HOURS

I W. PRESTON STREET, Eulala DEATH MATED Rosenstein 19 3. SEX Female RACE IF UNDER 1 YR. DATE OF BIRTH AGE (IN YEARS IE LINDER 24 HRS 2d HOUR DATE YFAR LAST BIRTHDAY) PRONOUNCED 4:15A Femile White 9 22 97 87 DEAD 19 TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRYS 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S. Virginia WIDOWED DIVORCED Baltimore City, ET IN PAGE 5 CLD BE FILED, CORDS, 201 IN CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128, USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE)
Homemaker 3838 Roland Avenue Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13r. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 13b. COUNTY Md. Balto. YES NO 3838 Roland Ave. 21212 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Henry Ella Patton Patton C. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO 17. INFORMANT 138 Warwick Dr. Lutherville, Md. No 214-22-1633 Ms. Jeana Crawford 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a)-DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which ED AS A BURIAL - TRAN HEALTH AND MENTAL IL, CREMATION, OR RE gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (n) CERTIFICATION INER: ITAID CONTROL THE WORD FROM THE CHIEF AND THE CHIEF AND THE CHIEF AND THE CHIEF AND THE STATE DEPARTMENT OF HEAT HE STATE DEPARTMENT OF HEAT HE STATE DEPARTMENT OF HEAT HEAT TO BURIAL, C. 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO V 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 21f LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COHNTY 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection

EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. PAFIER DEATH WITH THE ST. BALTIMORE, MARYLAND, 2 07/84

DHMH - 17 (VR A15 ME (5))

230 BURIAL CREMATION, REMOVAL 236 DATE

death resulted from:

ACTUAL

SIGNATURE EXAMINER'S NAME

24. FUNERAL DIRECTOR

(TYPE OR PRINT)

Removal

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION

5/12/85

25a. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE

Balto.MD.

Anatomy Board

Balto., Md.

Thomas D. Smith, M.D.

5/12/85

Acting ChiefDICALEXAMINER

111 Penn St.

LITTE (SPECIEY)

ADDRESS

49124	1-	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND IENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 5	4165
4 2 4		CEASED NAME FIRST OR PRINT! SAMUEL	MIDDLE	ROSOFSKY	24. DAIL OF DEATH	0-85 85 A.M
2	3. SE	M ALE	A WHITE A	5. DATE OF BIRTH PR. 6, 1907	78. YRS.	FUNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
36		RTHPLACE (STATE OR FOREIGN COUNTRY)  MARYLAND	76. CITIZEN OF WHAT COUNTRY?  USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY	MD.
by the filed the	3	TY OR TOWN OF DEATH  BALTIMORE	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A 2907 FALLSTAFF	RD., APT. 31	(TYPE OF WORK FOR MOST OF WORKING LIFE RETAIL	GROCERY
y filled in thould be must be	130. 5	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUP MARYLAND		E 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 2907 FALLSTAFF	APT. 31 RD. #21209
completely and 2 s		THER'S NAME FIRST JACOB	ROSOFSKY	15. MOTHER'S MAIDEN NA	TIE	UNKNOWN
on and co	16a V	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI	the war or dates)  166 SOCIAL SECUTOR		RS. RENA ROSOFSKY AFF RD. BALTO.,	
physici on poper emovol.		DART I DEATH WAS CALICE	oly one couse per line for (a), (b), and ED BY: TE CAUSE (a) CARDIAC		VASCULAR COLLAPS	BETWEEN ONSET AND DEATH  EMIN HRS
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ed by the sleose ren not, crem or other	K	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	ASCUR		YKS,
require	NOIL	questionable	. underlying p	DEATH BUT NOT RELATED TO THE TERM		
Cion. Cion. Cion. Sit permi	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO YES	WERE FINDINGS USED YING CAUSES OF DEATH? NO
SICIAN: ng physi certificat oriol-fron Nentol Hy ltem 18	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PART ?)
inG PHY r offendi viter this os the bi th and w orked or	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.		CITY OR TOWN	COUNTY STATE
ATTEND oppital operation of for use to fixed the m 21 is m	E.	sow the deceased alive or above, (1) (we) (did) (did no	ot) view the body offer death	er, and that in (my) (our) opinion	death occurred on the date and hour	, , , , , , , , , , , , , , , , , , , ,
ITAL OR by the hi RAL DIR! detoche itote Dep		SIGNAMORE COMPANY OF THE STATE	C Loria.	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	5-20-85
O FUNE		RICHARD	C. LORIA		HOSP. OF . BALI	TIMOLE

21215

RICHARD LORIA 23d LOCATION BALTTMORE 23b. DATE MAY 21,1985 23a BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 23c. NAME OF CEMETERY OR CREMATORY BETH TFILOH

BP. 24. FUNERAL DIRECTOR FUNERAL DIRECTOR SOL LEVINSON 6010 REISTERSTOWN RD. (VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

- mor - yandell

COMARY LAND STATE

DHMH - 16 50M 4/83

0594	1.	FOR STATE REGISTRAR	Di	EPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	4 1 6 6
be 3		CEASED NAME FIRST Albert	2) Andrew		OWE	70. DATE OF DEATH MONTH DA	1985 4 55 M
Page 4 may be director, page 3 hours offer death	3. SE.	male	4 RACE While	S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 HRS
5 00 5	M	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COL	UNTRY? 8 MARRIE WIDOWE	NEVER MARRIED	BALTIMORE CITY OR COUNTY O	DF DEATH  TTY  MD.
urs ofter dear n by the funer tilled within 7	10 C	BALKMOER	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI SOUTH BALL	IVE STREET ADDRESS)	. 11 1 .	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE)	Davidson I rans
hin 24 hour should be should be hermust be	130. 5	MA I3b. COD		OR TOWN	13d INSIDE CITY LIMITS? YES NO	130.STREET ADDRESS / ZIP CODE 712 HARVEY ST.	Balto. Md. 21230
omplete ond 2	1	ARHUR		owe	15. MOTHER'S MAIDEN NA. Elizabel	th Middle	Frank
on ond co		VAS DECEASED EVER IN U.S. A	WE WAR OR DATES	AL SECURITY NO.	17 INFORMANT PATIENT	- i, WiFE Mrs. (ath	as above erane Rowe  approximate interval  between onset and beath
equires that the death as n signed by the attendin Then please remove carb r to burial, aremation, or injury, or other troumotic	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO  (b)  DUE TO, OR AS A CO  (c)  CONDITIONS CONTRIBUTI	A 3CVD	NOT RELATED TO THE TERM	NIMAL DISEASE OR CONDITION GIVE	N IN PART I (a
SICIAN: The law re up physician. certificate has been riol-transit permit. I entol Hygiene prior them 18 shows any it	CERTIFICATION	190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DI		WHICH OPERATIO	N WAS PERFORMED	YES NO YES	
NG PHYSICIAN: The attending physician free this certificate hc st the buriol-transit p. th and Mental Hygien broad Mental Hygien arked or Item 18 show.	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINI  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OFFICE, FARM ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
IL OR ATTENDI the haspital or IL DIRECTOR: A stacked for use to Dept. of Heal		270.1 certify that (I) (this haspesses the deceosed alive a above, (I) (we) (did) (did no 27b. SIGNATURE	2 3	h. 19 05'	nd that in (my) (aur) opinion  DEGREE  ATTENDING PHYSICIAN I	death accurred on the date and haur of	27c DATE SIGNED
retained by th TO FUNERAL should be deter with the State		224 PHYSICIAN'S NAME (TYPE	ORPRINT) SALVIN III		22e ADDRESS		ALTO. MO
8P		BURIAL, CREMATION, REMOVA (SPECIFY) Burial			emetery or crematory ven Mem. Park	Glen Burnie, A. A	Co. Maryland
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	Home. 130 E. W	nets Ave. Bo	1230 Md. 250. 9/1		Broslanaturandell

Mc with Funeral Home, 130 E. wrets Ave. Balto. Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

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after of 3.5	SEX	4. RACE	3 lack 5. DATE C		6. AGE (IN YEARS LAST BIRT	TOOLING DAYS	HOURS MIN.
83	BIRTHPLACE STATE OR FOREIGN COUNTRY) VINGINIA	U.	WHAT COUNTRY? 8. MARRIE WIDOW	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	mine wit	MD
ned with	Baltimore,		HOSPITAL, NURSING HOME ( CHEACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Laborer		BUSINESS OR Leel
131	SUAL RESIDENCE (IF NURSING HOME O 3d STATE 13b COU		13c. CITY OR TOWN  Baltimore,	13d INSIDE CITY LIMITS? YES MO	13e STREET ADDRESS /	ZIP CODE 415 Gwyr Maryland 21	
14	FATHER'S NAME FIRST  Joshua	MIDDLE M.	Rucker	15. MOTHER'S MAIDEN NAME FIRST Bertha	WE	LAST Man	
nedical medical	WAS DECEASED EVER IN U.S. AF		166 SOCIAL SECURITY NO.	Mrs. Lydia Jo		Woodlawn Dritimore, Md. 2	ive
Then please remaye carbon por to burial, cremation, ar rema injury, ar ather traumatic even	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, C	OR AS A CONSEQUENCE OF POLECUENCE OF ONTRIBUTING TO DEATH BUT		INAL DISEASE OR CONI	DITION GIVEN IN PART 1:a	- (a) 17-
ows any	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONE	DITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDING IN CERTIFYING CAUSES O YES []	S USED F DEATH?
ar item 1	OR CONTRIBUTING CAUSE OF DE  (IF EITHER NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED	HOUR A	OF INJURY M. MONTH DAY YEAR  P.M. 19  OF INJURY  TREET FACTORY, OFFICE FARM ETC.)	216. HOW INJURY OCCURR 216. LOCATION STREET	RED (ENTER NATURE OF INJUR		STATE
ite Dept. at Mealth a	WHILE NOT WHILE AT WORK  220.1 certify that (I) (this hosp saw the deceased alive at abave, (I) (we) (did) (did not 22b. SIGNATURE	ital) attended 1	he deceased from	nd that in (my) (aur) opinion of DEGREE		19 5 , the ate and have and from the co	at (1) (we) last
with the State Limportant: If	224 PHYSICIAN'S NAME (TYPE	NINA	cutto	22e ADDRESS	PSW "	108P11AL	
23	30 BURIAL, CREMATION, REMOVA	23b. DATE	23c NAME OF	EMETERY OR CREMATORY	23d LOCATION		

5/29/1985

Funeral Home, Inc. Baltimore, Md. 21216

2501 Gwynns Falls Parkway

MIDDLE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Items 5,6 &7a mtb F#604

- STATE

REGISTRAR

DECEASED NAME

re. Maryland 21229 Manson 029 Woodlawn Drive altimore. Md. 21207 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ONDITION GIVEN IN PART 119 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T INJURY IN ITEM 18 PART 1 OR PART 21 COUNTY STATE OR TOWN e date and have and from the couses stated YSICIAN [ 1308PITAL 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY Md. National Mem. Pk. Maryland Laurel 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

REG. NO

2b. HOUR 1.100 M

20. DATE OF DEATH

DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY)

Burial

24 NUTTER ROSONS

155083

Ball Linese,

Forthers & Baltimore, & Baltimore, Euryland 21225

Jedaya N. Kuczez Bertha:

203-07-1152 Mrs. Lydia Johnson Eelfledre, Mr. 21200

#### - STATE REGISTRAR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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-	18	1	1	7.5
1	Good	1	0	9
REG NO.				

(TYPE OF WORK 126 KIND OF BUSINESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

5-10-85

NO X

STATE

2d. HOUR 6:45 Pm

	CEASED NAA	LE FIRST		WIDDLE		LAST		20. DA	TE KNOWN E	HINOM	DAY Y	EAR
		Will		lenry		Runyon	1		TH MATED	5	R 198	35
3. SE	ale	White	August 2	4, 1914		UNDER 1 YR.	HOURS A	MIN. PRON	OUNCED EAD	MONTH	9 199	/EAR
7a. B	RTHPLACE ( DREIGN COUNTRY, Kentuc	STATE OR	76 CITIZEN OF W	HAT COUNTRY?	I.	RRIED   NI	EVER MARRIED	9. BAI	TIMORE CITY	DR COUNT		
	ITY OR TOWN					OWED L	DIVORCED		altimore			
I	Baltimo	re	600 E.	38th St	ADDRESS)	THER INSTITU	JTION I		CCUPATION (TYPE WORKING LIFE) MLNOT	PE OF WORK	OR IND	
136	at RESIDENCE TATE arylan	d 13b COU	E OR OTHER INSTITUTION, G NTY	13 CITY OR Balti	OWN More	13d. INSIDE YES 🏝	NO []	3. 200 A	DRESS 38th	Stree	et, 21	218
14. F.	Jaco.		Lindy	Runyon		IS. MOTH	IER'S MAIDEN FIRST Ona	NAME	MIDDLE	Nea	LAST	
160: \	VAS DECEASI ES, NO OR UNKN	OWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)		8-5523	Pegg	MANT y S. Pr	ceece,	General			684
		OF DEATH (Enter of	anly one cause per lin	e for (a), (b), and	I (c).)						APPROX BETWEEN	CIMATE IN
	TAKITE	IMMEDI	ATE CAUSE (a)E									
	Conditu	ans, if any, which		R AS A CONSEO	UENCE OF							
	gave i	ise to immedio	te / (b)									
	lying co		DOE 10, OF	R AS A CONSEO	UENCE OF						100	
-	PART 2 OTHER	IGNIFICANT CONDITIO	(c) NS CONTRIBUTING TO DEATH	RUT NOT RELATED TO	THE TERMINAL OIS	EASE OR COMBITION	ON CIVEN IN BART	) (=)				_
Z					, the real time of	CASE OR CONDIN	DA GIFER IN FART	1 (0).				
CERTIFICATION	19a DATE O	FOPERATION	196. COND	ITION FOR WHIC	H OPERATION	WAS PERFO	RMED?				20 AUTO	PSY?
Ĭ											YES	
CAL CER	UNDERLYIN	AL CAUSE WAS GOR ING CAUSE O		M. MONTH DA		HOW INJUR	Y OCCURRED	(ENTER NATURE	OF INJURY IN ITEM TB	PART 1 OR PAR	RT 2)	
MEDICAL	21d. INJURY WHILE AT WORK	NOT WHILE		OF INJURY (AT	HOME, 21f.	LOCATION		CITY	OR TOWN	COL	UNIY	
		AT WORK	rge of the remains de	scribed abave, h	eld an Au	apsy .	Inspection	X. Inq	uiry , ar	nd in my op	оппоп	
	death resu	ted from: No	tural causes	Accident	Suicide	, Hom	icide ,	Undetermine	d manner .			
	ACTUAL SIGNATURE	Men	with S	yph	mis		specify) istant	_MEDICAL E	XAMINER	DATE SIGNE	<sub>D</sub> 5-1	10-
	EXAMINER'S	INT) Deni				ADDRESS_			, BAlto	., MD	2120	01
23o.B	SPECIFY)	ATION, REMOVAL			OF CEMETER		ORY	23d. LOCATIO	le, Wes	TZZZ	orinia	STAT
	Buria	1	5-14-85	rre	ece Cem	ecery		Myr	Te' Mes	, C VII	ginia	

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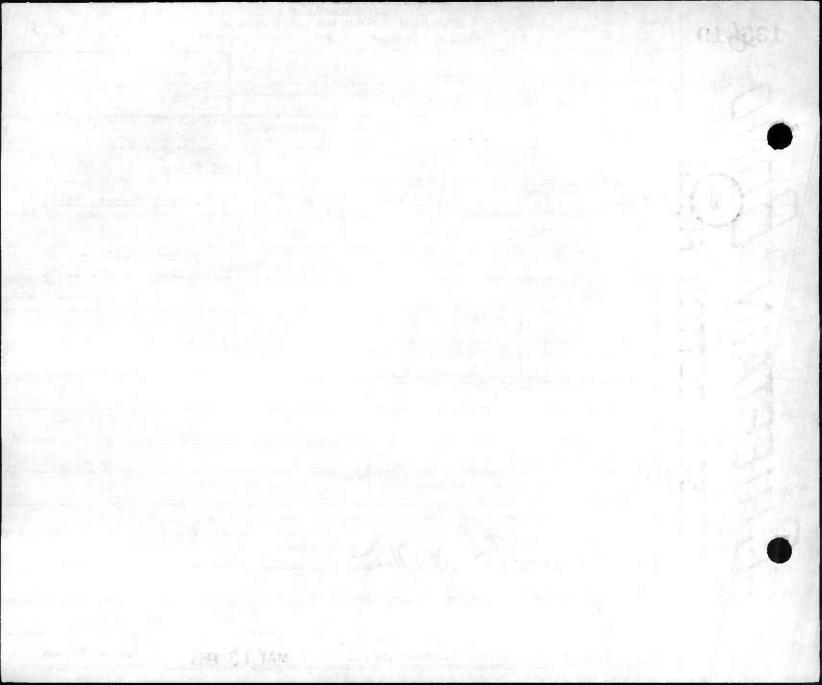
**DHMH - 17** 

(VR A15 ME (5))

24 FUNERAL DIRECTOR 1050 York Rd. Ruck Towson, Funeral Home, Inc. Towson, Md. 21204

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Gillia Davidson-Randelle



1 SEX	12	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO	
3.5EX   S. DATE OF BITH   S.		PE CIP PRINTI	.0	20 DATE OF DEATH	27 85 26 HO
MARRIED   NAVEYEMARRIED   DWORKED   Baltimore City   DWORKED   DWO	3.5	Malc	1. RACE 5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	MONTHS DATE HOURS
SAFE   PART   SECRETARISTIC ON STREET ADDRESS   TOP OF COUNTY   TOP OF COUNT	70.		MARRIED NEVER MARRIED	J /	
JUSUAL RESIDENCE (or NUTS) CHOND ON ON OTHER INSTITUTION ON OR STORES REFORE ADMINISTORY  136 STATE 136 COUNTY 131 (TY OR TOWN)  15 STATE 136 STATE 136 COUNTY 131 (TY OR TOWN)  15 MODIE  15 MODIE  16 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 COCIAL SECURITY NO. 17 INFORMANT  186 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 COCIAL SECURITY NO. 17 INFORMANT  186 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 COCIAL SECURITY NO. 17 INFORMANT  186 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 COCIAL SECURITY NO. 17 INFORMANT  186 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 COCIAL SECURITY NO. 17 INFORMANT  186 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 COCIAL SECURITY NO. 17 INFORMANT  186 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 COCIAL SECURITY NO. 17 INFORMANT  186 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 COCIAL SECURITY NO. 17 INFORMANT  186 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 COCIAL SECURITY NO. 17 INFORMANT  186 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 COCIAL SECURITY NO. 17 INFORMANT  186 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 COCIAL SECURITY NO. 17 INFORMANT  186 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 COCIAL SECURITY NO. 17 INFORMANT  186 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 COCIAL SECURITY NO. 187 INFORMANT  186 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 COCIAL SECURITY NO. 187 INFORMANT  187 WAS DECEASED EVER IN U.S. ARMED FORCES? 188 INFORMANT EXCENSION OF THE INFORMATION OF THE INFORMANT EXCENSION OF THE INFORMATION OF THE INFORMATI	page 10.	0 ./	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	LITYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY
THE WAS DECEASED EVEN IN U.S. AMPRODUCES OF EACH (PYES, ONE WAS OR DATE)    TYPES, NO DR UNANCONNO	130	JAL RESIDENCE (IF NURSING HOME OR C	OTHER INSTITUTION, GIVE RESIDENCE BEFORE AUMISSION) TY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS	? 13e STREET ADDRESS /	ZIP CODE 21201
THE WAS DECEASED EVEN IN U.S. AMPRODUCES OF EACH (PYES, ONE WAS OR DATE)    TYPES, NO DR UNANCONNO	E		NDDLE AST EIRCT	NAME	Dienlander
18. CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ic 1 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I/o  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY? 200. IN CERTIFYING CAUSES OF DEATH (RETHER NOTIFY MEDICAL EXAMPSE) P.M. 19 21d. INJURY OCCURRED WHILE AT WORK  21			MED FORCES? 1664 SOCIAL SECURITY NO. 17 INFORMANT	ADDRE	SS
198. DATE OF OPERATION  198. CONDITION FOR WHICH OPERATION WAS PERFORMED  208. AUTOPSY? 208. IF YES, WERE FINDINGS USING CERTIFYING CAUSES OF DEAD YES NO. 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION COUNTY  216. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CAUSE OF DEATH OR CONTRIBUTION COUNTY OR CONTRIBUTION COUNTY OR CONTRIBUTION COUNTY OR CONTRIBUTION COUNTY  216. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CAUSES OF DEATH OR COUNTY OR CONTRIBUTION COUNTY OR CONTRIBUTION COUNTY OR CONTRIBUTION COUNTY OR COUNT	ol, cremotion, or removol. ir other troumotic event, th	Conditions, if ony, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF  (b) Idio pathic Hypertrophic Sul		
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  WHILE ALWORK ALWORK  ALWORK  22a 1 certify that (It is haspital) attended the deceased from sow the deceased alive an obove. (It (S) (did) (did not) view the body ofter death.)  22a 1 certify that (It is haspital)  STREET  CITY OR TOWN  COUNTY  STREET  CITY OR TOWN  COUNTY  STREET  CITY OR TOWN  COUNTY  TO DEATH	njury, o	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	rminal disease or cont	DITION GIVEN IN PART 110
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  WHILE ALWORK ALWORK  ALWORK  22a 1 certify that (It is haspital) attended the deceased from sow the deceased alive an obove. (It (S) (did) (did not) view the body ofter death.)  22a 1 certify that (It is haspital)  STREET  CITY OR TOWN  COUNTY  STREET  CITY OR TOWN  COUNTY  STREET  CITY OR TOWN  COUNTY  TO DEATH		IR DATE OF OBERATION	THE CONDITION FOR WHICH OPERATION WAS DEPENDED.	28a AUTOPSY?	204 IF YES WERE FINDINGS HE
270 1 certify that (this haspital) attended the deceased from 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	ows ony	THE DATE OF OPERATION	198. CONDITION FOR WHICH OPERATION WAS PERFORMED		IN CERTIFYING CAUSES OF DEA
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	-/-/	21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEAT  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a.1 certify that (this hospit) sow the do-cosed alive an obove, (II) (idid) (did not	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET  21l. TIME OF INJURY (AT HOW INJURY OCC.)  21l. LOCATION STREET  19  21l. LOCATION STREET  19 DI) ottepded the deceosed from  22l. LOCATION STREET  19 DECRIE	VES NOTE NATURE OF INJUR  CITY OR TO:  on death occurred on the do	IN CERTIFYING CAUSES OF DEA YES NO ( 17 IN ITEM IB PART I OR PART ?)  WN COUNTY  COUNTY  19 that (I) 12c DATE SIGNED

DHMH - 16 60M 7/B4

(VRA 15, 4)

236. DATE 31 Arbutus Mem 23d LOCATION

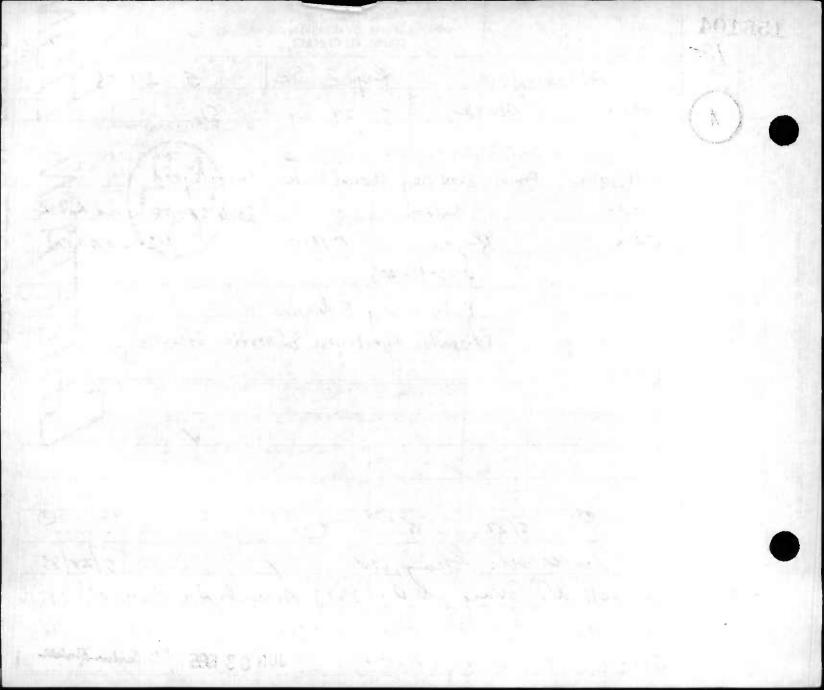
Balto

34 FUNERAL DIRECTOR
SEFF NIIller F.S. 46 ADDRESS PAUK Highs

JUN 03 1985

250 DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE

JUN 0 3 1985 Line Durley Andree



143049

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

3.	NO.				
N	X	MONTH	DAY	YEAR	2b. HO
)		5	20 1	· 85	1

1 550	EACEDAIL		FIRST	-	AIDDLE								
(TYPE	EASED NAA	VE	. 1831	^	moute.		LAST			20 DATE KNO	WN X M	ONTH	DAY YEAR
		La	wrence	E110	ene	F	Russo			DEATH MAT	ED 🗌	5	20 19 85
SEX	1	4. RACE		ATE OF BIRTH	6 AGE (IN Y	EARS IF UN	IDER 1 YR.	IF UNDER	24 HRS	2c. DATE	MC	-	DAY YEAR
B/L	-1-	Carr	-	10-6	YEAR LAST BIRTHE	- More	S DAYS	HOUR5	WIN	PRONOUNCED DEAD			2005
_	ale	Cau		ITIZEN OF WHA		/RS.				9 BALTIMORE	CITY OR C		20 1985
FOR	EIGN COUNTRY	)						VER MARR	IED <b>X</b>		_		OFDEATH
	Conne			U.S		WIDOW		DIVORC		Baltim			
CIT	Y OR TOWN	OF DEATH			TAL, NURSING HOM	E, OR OTH	ER INSTITU	JTION	12a US	WAL OCCUPATION	IN (TYPE OF W	VORK 121	OR INDUST
,	Baltir	more		Universi	ty Hospit	al			D	elivery	7		Paper
UAL 13a. ST			G HOME OR OTHE		RESIDENCE BEFORE ADMISS	ION)	had theine	rity i mairca	ls2. C70	REET ADDRESS		1	102
	aryla		A.A.		Crowns	71116		NO X		35 Chir	aber	rv	Tra -
	THER'S NAM				CIOWID	V		ER'S MAIDE			LUDUL	-7	
	FIRST		MIDE 7 - 17		LAST			FIRST		MIDDLE C		TAT-	cht
	gene	ED EVED IN	Anth		Russo	TV NO	17. INFOR	oan			DRESS	wa	CIIC
YES	AS DECEASI	OWN) (IF	YES, GIVE WAR OF		100. SOCIAL SECURI	IT NO.					- 1,0		
	No						Joa	an Ru	SSO	1135	hina	ber	ry La
	18 CAUSE	OF DEATH (	Enter anly ane	cause per line fa	r (a), (b), and (c).)								APPROXIMATI
	PARTIC		CAUSED BY:	ISE (a) Mu	altiple in	jurie	S						SC. WEEK ONSE
-		I/V	MEDIATE CA	002 (0)	A CONSEQUENCE								
		ans, if any,											
		rise to imp		(b)	A CONSEQUENCE	05		_				-	
		use last.	- Olidei	DUE TO, OR AS	A CONSEQUENCE	OF							
			(	(c)									
	PART 2 DINER	SIGNIFICANT CO	NOITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEAS	OR CONDITIO	IN GIVEN IN PA	RT 1 to				
9		1											
CA	19a. DATE O	F OPERATIO	ON	196. CONDITIC	N FOR WHICH OPE	ration w	AS PERFO	RMED?					20 AUTOPSY
E													YES X
	21a. EXTERN		WAS	216 TIME OF IN	JURY MONTH DAY YEA	21c Ho	OW INJURY	OCCURRE	D LENTER	NATURE OF INJURY IN	ITEM 18 PART 1	OR PART 2	)
N.	UNDERLYIN	ING CAL	JSE OF DEATH	11:45 PM	5 19 1985		iver	in au	to/+	ractortr	ailer	im	act
√ŏ I	21d INHURY	OCCUPPED		21e PLACE OF	INJURY (AT HOME,	21f LO	CATION	III au	20/ 6	LUCCOL CL			
¥	WHILE AT WORK	NOT WE	HILE X	STREET, FACTOR			TREET	C	F.T. 7	CITY OR TOWN	Wi Wi	LCOM	ico Co,
	AT WORK	ATWOR	K	roa	iu .	IKC.	DUWE	ST OI	wal	lertown	Ka,Ma	irae.	ıasprır
	22a. I cer	tify that I ta	ak charge of th	ne remains descri	bed abave, held an	Autap	sy X	Inspectio	n .	Inquiry .	and in	my apıni	on
	death resu	Ited fram:	Natural cau	ises , A	ccident X, Si	uicide 📗	, Hami	cide .	Unde	termined manner			
			1.1.	Α-	.11			SPECIFY)					
	ACTUAL SIGNATURE	T.	WOLLD	noe It	M. 44.11	0			t	DICAL EXAMINER	C	DATE	5/20/8
	SIGNATURE		Acces to		1100	<b>-</b>			MEL	JICAL EXAMINER	5	IGNED.	-//-
	EXAMINER'S		Mary	carita 7	Vorol1	MD		111	Donn	Ct D-	1+0	Ma	
	TYPE OR PR	*****	OVAL 23b DA		, Korell,					OCATION BE	110,	MG.	
(SP	uria.	ATION, REM		24-85	Our Ta	dy O	f the	Pie	1 48	ORMILLE:	rs-	COUNTY	51
			12-	24-05	Our Da	ay O				V.	TTTE	A.	A . M
24. FU	NERAL DIRE	CIOR						1230. DATE I	REC'D. B	Y REGISTRAR 251	J. REGISTRA	AK'S SIG	NATURE

07/84

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

(VR A15 ME (5))

Raymond C. Fink Glen Burnie

MAY 21 1985 Achie Vavidson Fondese

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Medical and other CAM

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	STAIL OL W	AKILAND	
EPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
		E OF DEATH	

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	51	39	75	_
REG. NO.	01	01	10	

	RECICIENE			,	REG. NO	0.0101	
	CEASED NAME THIS	middle 1 S	Tin d	Pers	20 DATE OF DEATH	MONTH DAY YE	2b. HOUR
). SE	1400	RACE	5. DATE OF	E DIDTH 1A - D	6. AGE (IN YEARS LAST BIRTE	HDAY) IF UNDER I	YEAR IF UNDER 24 HRS
3.26	M. I.	1 /1/	J. DATE OF	30 /7/23	O. AGE (INTEARSTAST BIRT		DAYS HOURS MIN.
_	1 (ALE	MHITE	201	W BO XX	87	YRS.	
74_84	COUNTRY TO	CITIZEN OF WHAT COUNTRY?	MARRIED	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEAT	H
9	PA.	U.S.A.	WIDOWED	DIVORCED [	DALTO	· CIT	MD.
10. C	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSIN	IG HOME OF	ROTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF	ON 12b. KIP WORKING LIFE) INDUS	ND OF BUSINESS OR
	BALTO. 1	FRANCIS SCI	TIK	EV HOSD.	RETIRED		ow-Corff
	AL RESIDENCE (IF NURSING HOME OF OTH			INCIDE CITY HAVITCE	13e. STREET ADDRESS	21	224
30. 3	STATE D IST COUNTY	BA UD		YES NO NO	2930 0 D		87.
14.77	THER'S NAME MIDE	DIF LAST		15. MOTHER'S MAIDEN NA	WE	4	TAST
	HERBERT	JANDER	5	MAUDE		COB	LER
	NAS DECEASED EVER IN U.S. ARMEI		IRITY NO.	17. INFORMANT	ADDRES	SS .	
	HEL HIS CHILDWHI (IF YES, GIVE WA	21/01-9	570				
	18. CAUSE OF DEATH (Enter only o	ine cause per line far (a), (b), an	d (c1.)		,	BETV	PROXIMATE INTERVAL
	PART I. DEATH WAS CAUSED B		· Pu	Imenary	Arrest		
		DUE TO, OR AS A CONSEQUE	NCE OF				
	Canditians, if any, which	500-1					
18	gave rise ta immediate	(0)					
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	/	Preumen ia			
-		(6)			NAME OF THE OWNER	UTION CIVEN IN DAI	DT 1
z	PART 2. OTHER SIGNIFICANT COM			L 1.	1:11	TION GIVEN IN PAI	(I tid
18	Severe and	19b. CONDITION FOR WHICH	OPERATION	TU NASSEREORMED	20a AUTOPSY?	206. IF YES, WERE FI	NDINGS LISED
문	THE DATE OF OFERHALIST	176. COLYDINOIT OR WINCH	OF EXAMOL:	WASTERIORMED	- >/	IN CERTIFYING CA	USES OF DEATH?
CERTIFICATION		21b. TIME OF INJURY		21. HOW IN HURY OCCUP	YES NO	YES 🗌	NO 🗌
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF INJUR	Y IN ITEM IB PART I OR PAR	/T 2)
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19				
60	214 INJURY OCCURRED	218 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, F	ARM FTC 1	21f. LOCATION STREET	CITY OR TOV	vn count	TY STATE
-	NOT WHILE AT WORK		- /		- 5-2	7 00	
	220.1 certify that (I) (this haspital)	attended the deceased fram_	3//	19_85		1900	, that (I) (we) last
	saw the deceased alive an abave, (I) (we) did), did nat) v	19_	, and	d that in (my) (aur) apinian	death accurred an the da	te and haur and fran	n the causes stated
	77% SIGNATURE	ew the body after death.	C	DEGREE		220. 0	PATE SIGNED
	21 m AM	rece kn		ATTENDING PHYSICIAN	MEDICAL STAF		777/8
1	22d, PHYSICIAN'S NAME (TYPE OR PR	(INT)		22e ADDRESS	_ DIRECTOR PHISIC	IAIV.	-110
	Wmp M	e e e e e		155/2	Hosp		
230	BURIAL) CREMATION, REMOVAL	23b. DATE 23c. 1	NAME OF CE	METERY OR CREMATORY	23d. LOCATION	<del></del>	
Ť	BORIN	(\$7-30-85 CM	PDF	of FRITH	CITY OR TOWN	BACTO	· 6. MD-
74. F	UNERAL DIRECTOR		1-0-1-	25a. DA1	E REC'D. BY REGISTRAR	IS REGISTRARS SIE	NOTHERE II
1	ARARARA 28	29 Hungs	m 5	treet MA	V 0 0 1005	Holia Davidson	- gardie
		( / ( ) ( ) ( ) (		- VIA	1 7 300	i i	

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been ugned by the ottending physician schools be detached for use of the burnol-monit permit. Then please remove carbon pagetrs. Powit the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

WAPORTANT: If Nem 21 is marked or them 18 shows any

MANAGE TO STORY

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

etoined by the hospitol or

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## FOR - STATE REGISTRAR DI

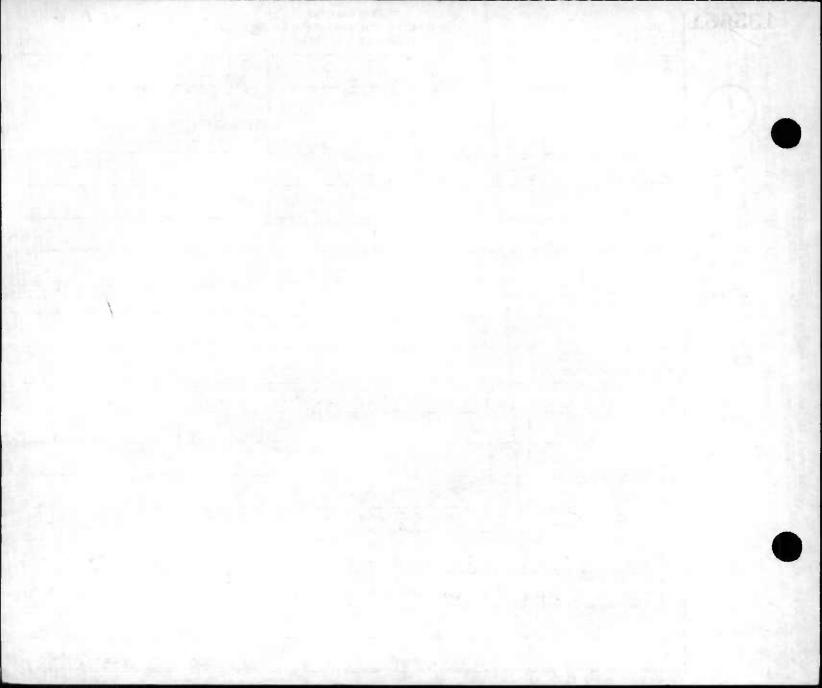
STATE OF MARYLAND	-47	
PEPARTMENT OF HEALTH AND MENTAL HYGIENS	5	
CERTIFICATE OF DEATH		REG. NO

	MARGA 3. SEX	RET JENNIN	S DATE C	/AGE DE BIRTH	MAY 11, 198	IF UNDER 1 YEAR	8:55
	Female	Black	MONTH 8	DAY YEAR	7.4	MONTHS DATS	HOURS M
1	To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	INTRY? 8		74 y 9 BALTIMORE CITY OR COL	INTY OF DEATH	
3	V A	USA	WIDOWE	D NEVER MARRIED D	BALTIMORE C		
	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME		120 USUAL OCCUPATION	12b KIND	OF BUSINESS
3	BALTIMORE	THE JOHNS HO		SPITAL	(TYPE OF WORK FOR MOST OF WORK	ING LIFE) INDUSTRY	
200	USUAL RESIDENCE (IF NURSING HOME I 136 STATE 1136 COL	OR OTHER INSTITUTION GIVE RESIDENCE UNITY 13c CITY C	CE BEFORE ADMISSION) OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP (		
2	MD -	Balt	timore	YES X NO	1300 E. L	anvale	St. 2.
P	.14 FATHER'S NAME FIRST		AST	15 MOTHER'S MAIDEN NO	AME	LA	AST
	Charles	Wils		Nora			
ľ		GIVE WAR OR DATES!	AL SECURITY NO.	17 INFORMANT	ADDRESS		
	No	220-	-20-8052	4 Lillie Br	own 1601 Hol		
1	PART I. DEATH WAS CAUS	only one couse per line for (a),		\ \		BETOVEEN	XIMATE INTERVAL
1		ATE CAUSE (0) Kesy	ciratory t	trest			ILM
	SE 27	DUE TO, OR AS A CON	USEQUENCE OF				
1	Conditions, if any, which	(	43EQ/OEI4CE OF				
3	gove rise to immediate	(b)					
SI.	couse (a), stating the	DUE TO, OR AS A CON	NSEQUENCE OF				
1	couse (a), stating the underlying couse last	DUE TO, OR AS A CON	NSEQUENCE OF			- 4	
	underlying couse lost	(c)		NOT BELATED TO THE TER	ANNAL DISTASE OF CONDITION	L COVENIAL DADE 3	14.45 \\
	underlying couse lost PART 2 OTHER SIGNIFICANT	(c)T CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 1	סוליילות סו
1	underlying couse lost PART 2 OTHER SIGNIFICANT	T CONDITIONS CONTRIBUTION The Contribution of	NG TO DEATH BUT	sendamoner Intect	in Diabeter; Th	wild Care	inoma
	underlying couse lost PART 2 OTHER SIGNIFICANT	(c)T CONDITIONS CONTRIBUTION	NG TO DEATH BUT	sendamoner Intect	200 AUTOPSY? 200. I	GIVEN IN PART I	INGS USED
	underlying couse lost PART 2 OTHER SIGNIFICANT	T CONDITIONS CONTRIBUTION The Contribution of	NG TO DEATH BUT	sendamoner Intect	200 AUTOPSY? 200. I	FYES, WERE FIND	INGS USED
	PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	T CONDITIONS CONTRIBUTION TO CONDITIONS CONTRIBUTION TO CONDITION FOR THE CONDITION	NG TO DEATH BUT YND ONE PROPERTION	sendamone Intect	200 AUTOPSY? 200. INC	FYES, WERE FINDS ERTIFYING CAUSE YES	INGS USED S OF DEATH?
	PART 2 OTHER SIGNIFICANT  196. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	T CONDITIONS CONTRIBUTION  196. CONDITION FOR  216. TIME OF INJURY HOUR A.M. MONT	NG TO DEATH BUT  YND NO TO DEATH BUT  YND NO TO DEATH BUT  YND NO TO DEATH BUT  TH DAY YEAR	sendamone Intect	200 AUTOPSY? 206. IN C	FYES, WERE FINDS ERTIFYING CAUSE YES	INGS USED S OF DEATH?
	PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNI	T CONDITIONS CONTRIBUTION TO CONDITIONS CONTRIBUTION TO CONDITION FOR V  196. CONDITION FOR V  196. TIME OF INJURY HOUR A.M. MONT P.M.	NG TO DEATH BUT YND ONE PROPERTION	Sendamone Interi	200 AUTOPSY? 206. IN C	FYES, WERE FINDS ERTIFYING CAUSE YES	INGS USED S OF DEATH?
	PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNI	T CONDITIONS CONTRIBUTION  196. CONDITION FOR  216. TIME OF INJURY HOUR A.M. MONT	NG TO DEATH BUT  YAR TO ME TO SEE THE	sendamone Intect	200 AUTOPSY? 206. IN C	FYES, WERE FINDS ERTIFYING CAUSE YES	INGS USED S OF DEATH?
	PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNI	T CONDITIONS CONTRIBUTION TO DIST MESS SY  196. CONDITION FOR THE OF INJURY HOUR A.M. MONTH P.M. 216. PLACE OF INJURY	NG TO DEATH BUT  YAR TO ME TO SEE THE	211 LOCATION	200 AUTOPSY? 20b. IN C YES NOT NOT NOTE OF INJURY IN ITE	FYES, WERE FIND ERTIFYING CAUSE: YES M 18 PART   OR PART 2)	INGS USED S OF DEATH? NO
	Underlying couse lost.  PART 2 OTHER SIGNIFICANT  196. DATE OF OPERATION  218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY DECLA EXAMIN  218. INJURY OCCURRED  WHILE NOT WHILE AT WORK  NOT WHILE AT WORK	T CONDITIONS CONTRIBUTION TO DISTRIBUTION TO STATE TO STA	NG TO DEATH BUT  YAR TO ME TO THE STATE OF T	211 LOCATION STREET	200 AUTOPSY? 20b. IN C. YES NOT NOT NOTE OF INJURY IN ITER	FYES, WERE FIND ERTIFYING CAUSE: YES M 18 PART   OR PART 2)	INGS USED S OF DEATH? NO
	Underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN  21a. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (1) this has	T CONDITIONS CONTRIBUTION TO DIST ASS S  196. CONDITION FOR INJURY HOUR A.M. MONT HORR PROPERTY TATHOME STREET, FACTORY, Spitol) othered the deceased	NG TO DEATH BUT  YAR AND SERVICE PARM ETC.)  TH DAY YEAR  19  OFFICE FARM ETC.)	N WAS PERFORMED  21c HOW INJURY OCCUP  211 LOCATION STREET	200 AUTOPSY? 20b. IN C YES NOT	FYES, WERE FIND ERTIFYING CAUSE YES (1) WIS PART LORPART 2)	INGS USED S OF DEATH? NO STATE
	Underlying couse lost  PART 2 OTHER SIGNIFICANT  196. DATE OF OPERATION  216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHEY MEDICAL EXAMIN  216. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  226.1 certify that (1) this has sow the deceased of live of	T CONDITIONS CONTRIBUTION TO DIST ASS S  196. CONDITION FOR INJURY HOUR A.M. MONT HORR PROPERTY TATHOME STREET, FACTORY, Spitol) othered the deceased	NG TO DEATH BUT  YAR TO ME TO	211 LOCATION SIREET  19 35 10 11 11 11 11 11 11 11 11 11 11 11 11	200 AUTOPSY? 20b. IN C. YES NOT NOT NOTE OF INJURY IN ITER	FYES, WERE FIND ERTIFYING CAUSE YES (1) WIS PART LORPART 2)	INGS USED S OF DEATH? NO STATE
	Underlying couse lost  PART 2 OTHER SIGNIFICANT  196. DATE OF OPERATION  216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHEY MEDICAL EXAMIN  216. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  226.1 certify that (1) this has sow the deceased of live of	T CONDITIONS CONTRIBUTION TO CONDITIONS CONTRIBUTION TO CONDITION FOR VIOLENT CONTRIBUTION CONTRIBUTI	NG TO DEATH BUT  YAR TO ME TO	N WAS PERFORMED  21c HOW INJURY OCCUP  211 LOCATION STREET	200 AUTOPSY? 20b. IN C YES NOT	FYES, WERE FIND ERTIFYING CAUSE YES () wis partior part 2)  COUNTY  hour and from the	INGS USED S OF DEATH? NO That that (In we) a couses stated E SIGNED
	Underlying couse lost.  PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETAILS OF CONTRIBUTING CAUSE OF DETAILS OF CONTRIBUTING AUTOCAL EXAMINATION OF CONTRIBUTING AT WORK  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  27a. I certify that (1) finis has sow the deceased alive cobove. (1) (we) (did) (did at obove. (1) (we) (did) (	T CONDITIONS CONTRIBUTION TO CONDITIONS CONTRIBUTION TO CONDITION FOR VIOLENT CONTRIBUTION CONTRIBUTI	NG TO DEATH BUT  YAR TO ME TO	211 LOCATION STREET  21 thou injury occur 211 LOCATION STREET  21 thou in (my four opinion DEGREE  ATTENDING	200. AUTOPSY? 200. IN C YES NOT	FYES, WERE FINDIERTIFYING CAUSE YES COUNTY  COUNTY  A hour and from the	INGS USED S OF DEATH? NO That that (In we) a couses stated E SIGNED
	Underlying couse lost  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTIFY MEDICAL EXAMINATION  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  27a. I certify that (1) this has sow the deceased alive obove, (1) (we) (did) (did in  27b. SIGNATURE	T CONDITIONS CONTRIBUTION TO CONDITIONS CONTRIBUTION TO CONDITION FOR VIOLENT CONTRIBUTION CONTRIBUTI	NG TO DEATH BUT  YAR TO ME TO	N WAS PERFORMED  21c HOW INJURY OCCUP  211 LOCATION STREET  15 19 35 and that in (my four opinion DEGREE  ATTENDING PHYSICIAN	200. AUTOPSY? 200. IN C YES NOW YES NO	FYES, WERE FINDIERTIFYING CAUSE YES COUNTY  COUNTY  A hour and from the	INGS USED S OF DEATH? NO STATE that (I) (we), e couses stated
	Underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINATION  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  27d. I certify that (I) this has sow the deceased alive obove, (I) (we) (did) (did in  27b. SIGNATURE	T CONDITIONS CONTRIBUTION TO CONDITIONS CONTRIBUTION TO CONDITION FOR VIOLENT CONTRIBUTION CONTRIBUTI	NG TO DEATH BUT  YARROW ? ??  WHICH OPERATIO  TH DAY YEAR  19  OFFICE FARM ETC.)  from MAR  19  8  , or	211 LOCATION STREET  ATTENDING PHYSICIAN 122e ADDRESS 600	200. AUTOPSY? 200. IN C YES NOW YES NOW YES NOW YES NOW YES NOW CITY OR TOWN  A death occurred on the date once MEDICAL STAFF DIRECTOR PHYSICIAN  WOLFE ST.	COUNTY  A hour ond from the	INGS USED S OF DEATH? NO DEATH? NO DEATH? NO DEATH? NO DEATH? NO DEATH?
	Underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINATION  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  27d. I certify that (I) this has sow the deceased alive obove, (I) (we) (did) (did in  27b. SIGNATURE	T CONDITIONS CONTRIBUTION TO CONDITIONS CONTRIBUTION TO CONDITION FOR VIOLENT CONTRIBUTION CONTRIBUTI	NG TO DEATH BUT  YAR TO ME TO	211 LOCATION STREET  ATTENDING PHYSICIAN 122e ADDRESS 600	200. AUTOPSY? 200. IN C YES NOW YES NO	COUNTY  A hour ond from the	INGS USED S OF DEATH? NO DEATH? NO DEATH? NO DEATH? NO DEATH? NO DEATH?
7	PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  CIFETIMER, NOTIFY MEDICAL EXAMIN AT WORK  27a. I certify that (1) this has sow the deceased alive obove, (1) (we) (did) (did to 22b. SIGNATURE)  22d. PHYSICIAN'S NAME (IVER	T CONDITIONS CONTRIBUTION TO CONDITIONS CONTRIBUTION TO CONDITIONS CONTRIBUTION TO CONTRIBUTIO	NG TO DEATH BUT  YAR FORE ? ?  WHICH OPERATIO  TH DAY YEAR  19  OFFICE FARM ETC.)  from Mar  19   19	211 LOCATION SIREET  DEGREE  ATTENDING PHYSICIAN  222e ADDRESS 600 T	RRED (ENTER NATURE OF INJURY IN ITELE  CITY OR TOWN  MEDICAL STAFF  DIRECTOR PHYSICIAN  N. WOLFE ST	COUNTY  AL BALTIMO	INGS USED S OF DEATH? NO THAT ING WE!  that (I) (we) e couses stated E SIGNED
7	Underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINATION  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  27d. I certify that (I) this has sow the deceased alive obove, (I) (we) (did) (did in  27b. SIGNATURE	T CONDITIONS CONTRIBUTION TO CONDITIONS CONTRIBUTION TO CONDITIONS CONTRIBUTION TO CONTRIBUTIO	NG TO DEATH BUT  YAR FORE ? ?  WHICH OPERATIO  TH DAY YEAR  19  OFFICE FARM ETC.)  from Mar  19   19	211 LOCATION STREET  ATTENDING PHYSICIAN 122e ADDRESS 600	RRED (ENTER NATURE OF INJURY IN ITELE  CITY OR TOWN  MEDICAL STAFF  DIRECTOR PHYSICIAN  N. WOLFE ST	COUNTY  COUNTY	INGS USED S OF DEATH? NO DEATH? NO DEATH? NO DEATH? NO DEATH? NO DEATH?

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician should be detached for use as the burial-transit permit. Then please femove corbanishopers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, our grown.



# CERTIFICATE OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR			DEPAR		IEALTH AND MENTAL H	A 380	G. NO.		
	ECEASED NAME	FIRST	A	MIDDLE		LAST	20 DATE OF DEA	HTHOM HT	DAY YEAR	2h HOUR
)	PE OR PRINT)	Vernon		Sav	age	SR.	May 31	, 1985		12:57
3. S	MALE		4. RACE BLACI	v	5. DATE (	H DAY YEAR	6 AGE (IN YEARS I		MONTHS DAYS	HOURS M
20.	BIRTHPLACE (STATE	OR FOREIGN		WHAT COUNTRY	? II. MARRIE	20 1912 DX NEVER MARRIED	9 BALTIMORE C	ITY OR COUN		
B	ALTO., N	MD, USA			WIDOWED DIVORCED		Baltimore City			
15	CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
	Baltimore	NUBSING HOUS OF				Hospital	RET	RED		
130	UAL RESIDENCE (IF) STATE MD.	13h COUN		130 CITY OR TO		13d INSIDE CITY LIMITS?	13e.STREET ADD	RESS / ZIP CO	DDE 21	202
				BALTO.		YES NO	403 E.	LAFAY	ETTE A	VE.
	FATHER'S NAME FIRST	,	MIDDLE	LAST		15 MOTHER'S MAIDEN I		DDLE	LA	51
	WAS DECEASED EV	VERINIIS AR		SAVAGE 166 SOCIAL SEC	LIRITY NO	INNIE 17 INFORMANT		ADDRESS		
160	(YNO OR UNKNOWN			218-10-					AYETTE	AVE.
	IS CAUSE OF DE	EATH (Enter and	ly ane cause per	line for (a), (b), o	and IC.				BETWEEN	ONSET AND DEA
	PARTI. DEAT	IMMEDIAT	E CAUSE Ia) Me	etastati	c Caro	cinoma				
	Conditions, if	any which		RAXXXXXXXX		l Lichtenfel	7 M D O	2001001	i at	
	gove rise to	immediate	(b)	Per u. I	eonard	Luchtenien	1 Mallag U	$ncorog_1$	S	
	cause (a), stofting the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF (Private Physician)									
-4			DUE TO, OF	r as a conseou	UENCE OF	(Private Ph				
	underlying co	ause last.	(c)				ysician)			
NO	underlying co	ause last.	(c)			(Private Ph	ysician)		GIVEN IN PART II	a
ATION	underlying co	ause last.	(c) CONDITIONS CO	ONTRIBUTING TO	DEATH BUT		ysician)	CONDITION C	YES, WERE FIND!	NGS USED
FICATION	PART 2 OTHER S	ause last.	(c) CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	ysician)  RMINAL DISEASE OR  200 AUTOPSY	CONDITION C	YES, WERE FINDI	NGS USED S OF DEATH?
ERTIFICATION	PART 2 OTHER S	ause last. SIGNIFICANT C	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	ysician)  RMINALDISEASE OR  200 AUTOPSY  YES □ NO	CONDITION C	YES, WERE FINDI TIFYING CAUSES YES []	NGS USED
6 7 CERTIFICATION	PART 2 OTHER S	SUNDERLYING	CONDITIONS CO	ONTRIBUTING TO	D DEATH BUT	NOT RELATED TO THE TE	ysician)  RMINALDISEASE OR  200 AUTOPSY  YES □ NO	CONDITION C	YES, WERE FINDI TIFYING CAUSES YES []	NGS USED S OF DEATH?
17	PART 2 OTHER S	CAUSE OF DEA	196 CONDITIONS CO	ONTRIBUTING TO	D DEATH BUT	NOT RELATED TO THE TE	ysician)  RMINALDISEASE OR  200 AUTOPSY  YES □ NO	CONDITION C	YES, WERE FINDI TIFYING CAUSES YES []	NGS USED S OF DEATH?
17	PART 2 OTHER S  19a DATE OF OPE  21a, ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY)  21d INJURY OCC	ERATION  UNDERLYING CAUSE OF DEA  MEDICAL EXAMINER  URRED	I 19b CONDI	ONTRIBUTING TO	D DEATH BUT H OPERATIO DAY YEAR 19	NOT RELATED TO THE TE	PRINTED (ENTER NATURE (	CONDITION C	YES, WERE FINDI TIFYING CAUSES YES []	NGS USED S OF DEATH?
MEDICAL CERTIFICATION	PART 2 OTHER S  19a DATE OF OPE  21a, ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY)  21d INJURY OCC	CAUSE OF DEA	I 19b CONDI	ONTRIBUTING TO	D DEATH BUT H OPERATIO DAY YEAR 19	NOT RELATED TO THE TE	PRINTED (ENTER NATURE (	? 20b IF Y IN CER	YES, WERE FINDII TIFYING CAUSES YES [] 18 PART   ORPART 2)	NGS USED S OF DEATH? NO []
	PART 2 OTHER S  190 DATE OF OPE  210. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY)  21d. INJURY OCC WHILE NO	ERATION  SUNDERLYING	19% CONDITIONS CO	DNTRIBUTING TO	D DEATH BUT H OPERATIO  DAY YEAR 19  . FARM, ETC.)	NOT RELATED TO THE TE  N WAS PERFORMED  215, HOW INJURY OCC.  211 LOCATION STREET	PRINTED (ENTER NATURE (	? 20b IF Y IN CER	YES, WERE FIND II TIFYING CAUSES YES  18 PART I ORPART ?)  COUNTY	NGS USED S OF DEATH? NO
127	PART 2 OTHER S  19a DATE OF OPE  21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)  21d. INJURY OCC  WHILE AT WORK  22a.1 certify that sow the dec	RATION  RATION  UNDERLYING CAUSE OF DEA  MEDICAL EXAMINER  UNDERLYING CAUSE OF DEA  MEDICAL EXAMINER  UNDERLYING CAUSE  WORK	19% CONDITIONS CO	DITRIBUTING TO	D DEATH BUT  H OPERATIO  DAY YEAR  19  FARM, ETC.)	NOT RELATED TO THE TE  N WAS PERFORMED  215, HOW INJURY OCC.  211 LOCATION STREET	PSICIAN)  RMINAL DISEASE OR  200 AUTOPSY  YES NO  JURRED (ENTER NATURE OF THE NATURE O	20b IF VINCER  PER TOWN  P.M. C	YES, WERE FINDII THEYING CAUSES YES  18 PART LORPART 2)  COUNTY  19 85	NGS USED S OF DEATH?
27	PART 2 OTHERS  190 DATE OF OPE  210, ACCIDENT WAS OR CONTRIBUTING LIFETIMER NOTIFY.  21d INJURY OCC WHILE NOTIFY.  220. I certify that sow the decabave, (13%)	RATION  RATION  UNDERLYING CAUSE OF DEA  MEDICAL EXAMINER  UNDERLYING CAUSE OF DEA  MEDICAL EXAMINER  UNDERLYING CAUSE  WORK	196 CONDITIONS CC	DITRIBUTING TO	D DEATH BUT  H OPERATIO  DAY YEAR  19  . FARM, ETC.)	NOT RELATED TO THE TE IN WAS PERFORMED  21, HOW INJURY OCCI  211 LOCATION STREET  22 31, 19 and that 12 Xy (our) opining	PSICIAN)  RMINAL DISEASE OR  200 AUTOPSY  YES NO  JURRED (ENTER NATURE OF THE NATURE O	20b IF VINCER  PER TOWN  P.M. C	YES, WERE FIND INTERPRETATION OF PART 2)  COUNTY  COUNTY  19 85	NGS USED S OF DEATH? NO STAT
17	PART 2 OTHER S  19a DATE OF OPE  21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)  21d. INJURY OCC  WHILE AT WORK  22a.1 certify that sow the dec	RATION  RATION  UNDERLYING CAUSE OF DEA  MEDICAL EXAMINER  UNDERLYING CAUSE OF DEA  MEDICAL EXAMINER  UNDERLYING CAUSE  WORK	19% CONDITIONS CO	DITRIBUTING TO	D DEATH BUT  H OPERATIO  DAY YEAR  19  . FARM, ETC.)	NOT RELATED TO THE TE  N WAS PERFORMED  215, HOW INJURY OCC.  211, LOCATION STREET	PRAINAL DISEASE OR    200 AUTOPSY   YES   NO     URRED (ENTER NATURE OF     12:57     85	20b IF VINCER  PER TOWN  P.M. C	YES, WERE FINDII THEYING CAUSES YES  18 PART LORPART 2)  COUNTY  19 85	NGS USED S OF DEATH? NO   STAT  that (**(we) causes state.
17	PART 2 OTHER S  19a DATE OF OPE  21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY.)  21d INJURY OCC WMIE 22a. I certify that sow the dec abave, (15w)  22b. SIGMATURE	RATION  RATION  UNDERLYING CAUSE OF DEA MEDICAL EXAMINER  WORK  WORK  (Idid) XXXXX  (did) XXXXX  (did) XXXXX  (did) XXXXXX  (did) XXXXXX  (did) XXXXXX  (did) XXXXXX  (did) XXXXXXX  (did) XXXXXXX  (did) XXXXXXX  (did) XXXXXXX  (did) XXXXXXX  (did) XXXXXXXXX  (did) XXXXXXX  (did) XXXXXX  (did) XXXXX  (did) XXXX  (did) XXXXX  (did) XXXX  (did) XXXX  (did) XXXX  (did) XXXX  (did) XXXX  (did) XXXX  (di	19% CONDITIONS CO	DITRIBUTING TO	D DEATH BUT  H OPERATIO  DAY YEAR  19  . FARM, ETC.)	NOT RELATED TO THE TE  IN WAS PERFORMED  211, HOW INJURY OCCI  211 LOCATION STREET  32 31, 19 and that (XX) (our) opinion DEGREE  ATTENDING PHYSICIAN	PRAINAL DISEASE OR    200 AUTOPSY   YES   NO     URRED (ENTER NATURE OF     12:57     85	20b IF IN CER  PENJURY IN ITEM I  YOR TOWN  1 P.M. C  31,  the date and h	YES, WERE FIND INTERPRETATION OF PART 2)  COUNTY  COUNTY  19 85	NGS USED S OF DEATH? NO STAT
77	PART 2 OTHERS  190 DATE OF OPE  210, ACCIDENT WAS OR CONTRIBUTING LIFETIMER NOTIFY.  21d INJURY OCC WHILE AT WORK A  220. I certify that sow the dec abave, (13w)	RATION  RATION  UNDERLYING CAUSE OF DEA MEDICAL EXAMINER  WORK  WORK  (Idid) XXXXX  (did) XXXXX  (did) XXXXX  (did) XXXXXX  (did) XXXXXX  (did) XXXXXX  (did) XXXXXX  (did) XXXXXXX  (did) XXXXXXX  (did) XXXXXXX  (did) XXXXXXX  (did) XXXXXXX  (did) XXXXXXXXX  (did) XXXXXXX  (did) XXXXXX  (did) XXXXX  (did) XXXX  (did) XXXXX  (did) XXXX  (did) XXXX  (did) XXXX  (did) XXXX  (did) XXXX  (did) XXXX  (di	19% CONDITIONS CO	DITRIBUTING TO	D DEATH BUT  H OPERATIO  DAY YEAR  19  . FARM, ETC.)	NOT RELATED TO THE TE IN WAS PERFORMED  21, HOW INJURY OCCI  211 LOCATION STREET  22 31, 19 and that 12 37, 19 DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	PRAINAL DISEASE OR  200 AUTOPSY YES NO URRED (ENTER NATURE (  12:57 85 to May on death occurred on MEDICAL DIRECTOR P	? 20b IF IN CER IFICATION CONTINUES IN CONTINUES IN CERTIFICATION CONTINUES IN CONTINUES IN CERTIFICATION CONTINUES IN	YES, WERE FIND INTERPRETATION OF PART 2)  COUNTY  On 19 85  Nour and from the	NGS USED S OF DEATH? NO  STAT  that (**(we) causes state:
27	PART 2 OTHER S  19a DATE OF OPE  21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY)  21d INJURY OCC WHILE ACT ACT SOW the dec obave, (13w)  22b. SIGMATURE	RATION  SUNDERLYING	19% CONDITIONS CO	TION FOR WHICE  FINJURY M. MONTH I  M. OF INJURY GEET, FACTORY, OFFICE  dedecosed from after death.	D DEATH BUT  H OPERATIO  DAY YEAR  19  . FARM, ETC.)	NOT RELATED TO THE TE IN WAS PERFORMED  21, HOW INJURY OCCI  211 LOCATION STREET  22 31, 19 and that 12 37, 19 DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	PRED (ENTER NATURE OF MAN DO NO DE CONTRED ON MAN DO NO DE CONTRED ON MEDICAL	? 20b IF IN CER IFICATION CONTINUES IN CONTINUES IN CERTIFICATION CONTINUES IN CONTINUES IN CERTIFICATION CONTINUES IN	YES, WERE FIND INTERPRETATION CAUSES YES 18 PART LOR PART 2) COUNTY On 19 85, Nour and from the	NGS USED S OF DEATH? NO  STATE that (**(we) causes stated
MEDICAL	PART 2 OTHER S  190 DATE OF OPE  210. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY)  21d. INJURY OCC WHILE NOTIFY  220.1 certify that sow the decabave, (150)  22b. SIGNATURE	ERATION  CAUSE OF DEA  MEDICAL EXAMINER:  UNRED  WORK  (His hospit eased alive on e) (did) XXXX  Bluste.	IPB CONDITIONS CO	TION FOR WHICE  FINJURY M. MONTH  M.  OF INJURY  EET, FACTORY, OFFICE  e deceosed from  fraction of the control	D DEATH BUT H OPERATIO  DAY YEAR 19  . FARM, ETC.)	NOT RELATED TO THE TE  IN WAS PERFORMED  211, HOW INJURY OCCI  211 LOCATION STREET  212 31, 19 and that 12XXy) (our) opinion DEGREE  ATTENDING PHYSICIAN 122e ADDRESS  C/O Mary	PREDICAL DIRECTOR P	20b IF Y IN CER  20b IF Y IN CER  20 IF IN JURY IN ITEM I  20 TOWN  20 TOWN  20 TOWN  21 The dote and h  STAFF  HYSICIAN  21 HOS	YES, WERE FIND INTERPRETATION CAUSES YES 18 PART LOR PART 2) COUNTY On 19 85, Nour and from the	NGS USED SOF DEATH? NO   STATE  that (**(we) causes stated
WEDICAL MEDICAL	PART 2 OTHER S  19a DATE OF OPE  21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY)  21d INJURY OCC WHILE ACT ACT SOW the dec obave, (13w)  22b. SIGMATURE	ERATION  GUNDERLYING CAUSE OF DEA MEDICAL EXAMINER  CURRED WORK  FINAME (TYPE OI Bluste)  Bluste  DN, REMOVAL	IPB CONDITIONS CO	TION FOR WHICE  FINJURY M. MONTH  M.  OF INJURY eet. FACTORY, OFFICE  deter death.	D DEATH BUT H OPERATIO  DAY YEAR 19 . FARM, ETC.)  M. 85	NOT RELATED TO THE TE IN WAS PERFORMED  21, HOW INJURY OCCI  211 LOCATION STREET  22 31, 19 and that 12 37, 19 DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	PREDICAL DIRECTOR P	200 IF IN CER IFICATION CONTRACTOR IN CERTIFICATION	YES, WERE FIND INTERPRETATION CAUSES YES 18 PART LOR PART 2) COUNTY On 19 85, Nour and from the	NGS USED S OF DEATH? NO  STATI

DHMH - 16 60M 7/84 (VRA 15, 4)

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STORY THE RESIDENCE TO THE STORY

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SPI d b	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and countries filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then places remove carbomoppers, Pages, I and 2 should be filled within 72 haurs offer death with the State Dept. of Health and Mental Hygene prior to burial, cremanation, or removal.  MAPORTANT, If Hem 21 is marked or Hem 18 shows any niture or other trainmatic event.	1
HO	P. F. P.	1
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital at attending physicion.	5 4 3 X	-

130586

CERTIFICATE OF PEATIF
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
STATE OF MARYLAND

STATE OF MARYLAND		1	13	1	7	6
PARTMENT OF HEALTH AND MENTAL HYGIEN	15	4	-			
CERTIFICATE OF DEATH	BEC NO					

FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTA CERTIFICATE OF DEATI		4
DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	Say lor	20. DATE OF DEATH MONTH	7 85 10 AM
FEMALE.	4 RACE WHITE	S. DATE OF BIRTH	5 59 YRS	
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  NORTH CAROLI		MARRIED   NEVER MARRIE	BALTIHOF	E CITY MD
BALTIMORE	ST. AGNES H	OSPITAL	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEW	and the second s
	UNTY 13c. CITY OR TO	RSTOWNYES NO	246 HIGHMEAD	
4 FATHER'S NAME FIRST ARMON		15 MOTHER'S MAID FIRST VERA	MIDOLE	LAST
60 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES!	0000	AN N. GREEN WHI	
PART I. DEATH WAS CAUS	anly one cause per line far (a), (b), (SED BY: ATE CAUSE (o)	1	re	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Canditions, if ony, which	DUE TO, OR AS A CONSEQ			
gove rise to immediate couse (a), stoting the underlying couse lost	DUE TO, OR AS A CONSEC	ouence of Sar Coma, M	etastatic disea	16
	r conditions contributing to	O DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CONDITION C	GIVEN IN PART 110
Hemil  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
	HOUR A.M. MONTH	DAY YEAR	OCCURRED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)
OR CONTRIBUTING CAUSE OF E	21e, PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
saw the deceased alive of	pital) attended the deceased framon 19 natiview the bady ofter death.		pinian deoth accurred on the dote and h	our and fram the couses stated
22h SIGNATURE	Lat d. Girs	DEGREE ATTEND		22. DATE SIGNEDS
Raafa+	Y. Girgis	??e ADDRESS		
230 BURIAL, CREMATION, REMOVA (SPECIFY)  BURIAL		NAME OF CEMETERY OF CREMA	CITY OR TOWN	STER, MD.
24 FUNERAL DIRECTOR NAME ELINE FUNERAL	HOME REISTI		SO DATE REC'D. BY REGISTRAR 25b. REG	STRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

LOUISE

Female May 22,1925 59

NORTH CARDLINA USA X BALTIMORE CITY
BALTIMORE ST. AGNES HOSPITAL HOUSEWIFE

MD. BALTO. REISTERSTOWN 246 HIGHMEADOW RD.21136

ARMON H. NOBLES VERA KELLY

NO 244-20-9662 Ms. VIVIAN N. GREEN WHITEVILLE N.C.

BURIAL 5/10/85 DEER PARK CEMETERY WESTMINSTER, MD.

ELINE FUNERAL HOME REISTERSTOWN, MO. " B ME

127614	1 -	FOR STATE REGISTRAR	DEPA	RETMENT OF HEALTH AND MENTAL F CERTIFICATE OF DEATH	REG. NO.	4 1 7 4
(B)	(TYPE	CEASED NAME FIRST OR PRINT)  EV. Han	rey R	Scales	20 DATE OF DEATH MONTH	1 85 13:20 P
d and	3 SEX	male	Black	S. DATE OF BIRTH  MONTH DAY YEAR  5 28 32	6. AGE (IN YEARS LAST BIRTHDAY)  50 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
the funerol do swithin 72 ho	(	RTHPLACE (STATE OR FOREIGN OUNTRY)  N. Conolina TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STE	MARRIED DI NEVER MARRIED WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION EET ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	City MI
ed witting of house in by and 2 should be filed	13a S	RESIDENCE (IF NURSING HOME OF TATE 136 COU	OR OTHER INSTITUTION GIVE RESIDENCE BEI	TIS MOTHER'S MAIDEN  TEST  TO THE TEST  TO T	130 STREET ADDRESS / ZIP COD	DE
n and co	16a V	AS DECEASED EVER IN U.S. A	DUE WAR OR DATEST	CURITY NO. 17 INFORMANT	ADDRESS cales 1222 Augusta	
oine that the aleath centri gued by the attending p en please remove carbon buriol, cremotion, or retain- ary, or other troumatic ex-	7	Canditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSECUTION OF THE TOTAL OF THE TO, OR AS A CONSECUTION OF THE TOTAL OF T	CELL LANCIN	cma-LUNG	7/8 Z
rending physics in a mending physics in this certificate has been the build-transit permit. The da Avento Hygiene prior to da Avento Hygiene prior to da frem 18 shows any interest of a ritem 18 shows any interest of the second physics.	CAL CERTIFICATION	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING   (IF EITHER NOTIFY MEDICAL EXAMINI	21b. TIME OF INJURY HOUR A.M. MONTH	CH OPERATION WAS PERFORMED  21c. HOW INJURY OCC	IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO PART ( )
OR: After ruse as the Health ar	MEDICAL	sow the deceased alive a	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI  pitol) attended the deceased from  4/30/81	n 4/15/85 19	city OR IOWN	COUNTY STATE  , 19, that (1) (we) los ur and from the causes stated
TO HOSPITAL OR ATT retained by the haspin TO FUNERAL DIRECT should be detached to with the State Dept of IMPORTANT: If them 2		Obove, (I) (we) (did) (did n 27b. SIGNATURE 22d. PAYSICIAN'S NAME (TYPE	B. Hary	DEGREE ATTENDING PHYSICIAN  220 ADDRESS  72 S	S MEDICAL STAFF	221. DATE SIGNED
BP Of & MA		URIAL, CREMATION, REMOVA SPECIFY) Burial UNERAL DIRECTOR	L 23b. DATE 2	Church Cemetery		N.C.

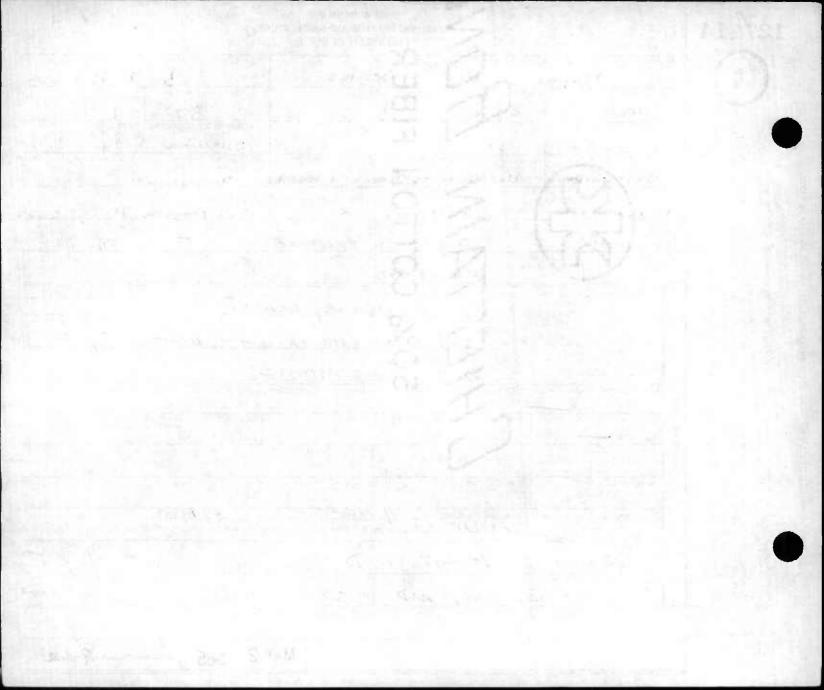
250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE MAY 2 1985 Find Lawydson-Randole

1985

William C. March F/H 1101 E. North Ave.

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)



### 1 - STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

nd.			
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AONTH	DAY	YEAR	21. 14	IOUR	5
	,		20. 1	212-	K

T. DECEASED NAME  [THE OR PRINT]    A C   C   C   C   C   C	
3. SEX  4. RACE  5. DATE OF BIRTH  MARKIED  TO BIRTHPLACE ISTATE OR FORLIGN  TO COUNTRY)  TO BIRTHPLACE ISTATE OR FORLIGN  TO COUNTRY)  TO BIRTHPLACE ISTATE OR FORLIGN  TO COUNTRY)  TO BIRTHPLACE ISTATE OR FORLIGN  TO BIRTHPLACE IS	R A
To. BIRTHPLACE   STATE OR FOREIGN   To. CITIZEN OF WHAT COUNTRY?   S. MARRIED   NEVER MARRIE	20 m
76. BIRTHPLACE   STATE OR FOREIGN   76. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   PART   11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   126. USUAL OCCUPATION (TYPPOF WORK FOR MOST OF WORKING LIFE)   110. CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   126. USUAL OCCUPATION (TYPPOF WORK FOR MOST OF WORKING LIFE)   126. KIND OF BUSINE INDUSTRY   126. KIND OF BUSINE INDUSTRY   126. STATED   126. CUPATION (TYPPOF WORK FOR MOST OF WORKING LIFE)   126. KIND OF BUSINE INDUSTRY   126. KIND OF BUSINE IN	24 HRS MIN.
MARRIED NEVER MARRIED NEVER MARRIED NO CITY  MIDOWED DIVORCED NO FOR THE NOTION OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT INSUCH FACILITY, ONE STREET ADDRESS)  USUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION  136. COUNTY  136. COUNTY  136. COUNTY  136. COUNTY  136. COUNTY  136. COUNTY  137. INFORMANT  138. STREET ADDRESS  14. FATHER'S NAME  15. MOTHER'S MAIDEN NAME  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  178. NO OR UNKNOWN)  18 CAUSE OF DEATH (Enter only one couse per line (o) to), (b), ond (c).1  PARTIL DEATH WAS CAUSED BY:  18 CAUSE OF DEATH (Enter only one couse per line (o) to), (b), ond (c).1  PARTIL DEATH WAS CAUSED BY:  18 CAUSE OF DEATH (Enter only one couse per line (o) to), (b), ond (c).1  PARTIL DEATH WAS CAUSED BY:  18 CAUSE OF DEATH (Enter only one couse per line (o) to), (b), ond (c).1  PARTIL DEATH WAS CAUSED BY:  18 CAUSE OF DEATH (Enter only one couse per line (o) to), (b), ond (c).1  PARTIL DEATH WAS CAUSED BY:  18 CAUSE OF DEATH (Enter only one couse per line (o) to), (b), ond (c).1  PARTIL DEATH WAS CAUSED BY:  18 CAUSE OF DEATH (Enter only one couse per line (o) to), (b), ond (c).1  PARTIL DEATH WAS CAUSED BY:  18 CAUSE OF DEATH (Enter only one couse per line (o) to), (b), ond (c).1  PARTIL DEATH WAS CAUSED BY:  18 CAUSE OF DEATH (Enter only one couse per line (o) to), (b), ond (c).1  PARTIL DEATH WAS CAUSED BY:  18 CAUSE OF DEATH (Enter only one couse per line (o) to), (b), ond (c).1  PARTIL DEATH WAS CAUSED BY:  18 CAUSE OF DEATH (Enter only one couse per line (o) to), (b), ond (c).1  PARTIL DEATH WAS CAUSED BY:  18 CAUSE OF DEATH (Enter only one couse per line (o) to), (b), ond (c).1  PARTIL DEATH WAS CAUSED BY:  18 CAUSE OF DEATH (Enter only one couse per line (o) to), (b), ond (c).1  PARTIL DEATH WAS CAUSED BY:  18 CAUSE OF DEATH (Enter only one couse per line (o) to), (b), ond (c).1  PARTIL DEATH OF THE MEDIT ON THE INDUSTRY (C)  19 COUNTY (C) TO THE INDUSTRY (C)  19 COUNTY (C) TO THE INDUSTRY (C)  19 COUNTY	10.14
10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  126. USUAL OCCUPATION  (ITY POPP WORK FOR MOST OF WORKING LIFE)  INDUSTRY  INDUSTR	
USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION   136 STATE   136 COUNTY   136 STREET ADDRESS / ZIP CODE   100 45 CUINTON 57. 2/2  14. FATHER'S NAME   15. MOTHER'S MAIDEN NAME   15. MOTHER'S MAIDEN NAME   160 SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMANT   17. INFORMANT   18. CAUSE OF DEATH (Enter only one couse per line for 101, (b), ond (c). I PART I. DEATH WAS CAUSED BY:   100 SOCIAL SECURITY NO.   17. INFORMANT   18. CAUSE OF DEATH (Enter only one couse per line for 101, (b), ond (c). I PART I. DEATH WAS CAUSED BY:   100 SOCIAL SECURITY NO.   17. INFORMANT   18. CAUSE OF DEATH (Enter only one couse per line for 101, (b), ond (c). I PART I. DEATH WAS CAUSED BY:   100 SOCIAL SECURITY NO.   17. INFORMANT   18. CAUSE OF DEATH (Enter only one couse per line for 101, (b), ond (c). I PART I. DEATH WAS CAUSED BY:   100 SOCIAL SECURITY NO.   18. TWEN ONSEI AND DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate	MD.
USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  136. STREET ADDRESS, ZIP CODE  136. STREET ADDRESS, ZIP CODE  137. 2/2  14. FATHER'S NAME  SEORGE  MIDDLE  SCHANE  15. MOTHER'S MAIDEN NAME  FIRST  MIDDLE  SCHANE  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  18. CAUSE OF DEATH (Enter only one couse per line 1000), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which  gove rise to immediate	SS OR
136 STATEM 136 COUNTY 136 CUTY OR TOWN 136 INSIDE CITY LIMITS? 136 STREET ADDRESS ZIP CODE 1004S. CLINTEN ST. 2/2  14. FATHER'S NAME  SEORGE  MIDDLE  SCHMITTLE  15. MOTHER'S MAIDEN NAME  FIRST  LIZABETH  SCHMITTLE  160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT  ADDRESS  18. CAUSE OF DEATH (Enter only one couse per line 60 to), (b), ond (c). 1  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which  gove rise to immediate	2
SEORGE   SCHANE   S	24
CEORGE   SCHANK   ELIZABETH   SCHMITTLE	
18. CAUSE OF DEATH (Enter only one couse per line 19/10), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate  18. SAME 18. SCHAWE SAME 18.  CRACE M. SCHAWE SAME 18.  CRACE M. SCHAWE SAME 18.  CRACE M. SCHAWE SAME 18.  APPROXIMATE INITES  BETWEEN ONSET AND  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate	,
18. CAUSE OF DEATH (Enter only one couse per line folio), (b), ond (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate  CAUSE M. S. CHANE SAME 18  APPROXIMATE INTER  BETWEEN ONSET AND	
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which  gove rise to immediate  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  (b)  AS W D.	
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate  Conditions of the co	DEATH
Conditions, if ony, which gove rise to immediate	
gove rise to immediate	
underlying couse lost.	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0	
4 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USE	
YES NO YES NO YES NO .	_
210. ACCIDENT WAS UNDERLYING TO 211. TIME OF INJURY  210. ACCIDENT WAS UNDERLYING TO AUGUST A.M. MONTH DAY YEAR  211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM TB PART 1 OR PART 2)	
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
	TATE
AT WORK AT WORK	
22a.1 certify that (1) (this haspital) attended the deceased from 4 - 19 St., that (1) (this haspital) attended the deceased from 4 - 19 St., that (1) (this haspital) attended the deceased from 4 - 19 St., that (1) (this haspital) attended the deceased from 4 - 19 St., that (1) (this haspital) attended the deceased from 4 - 19 St., that (1) (this haspital) attended the deceased from 5 - 19 St., that (1) (this haspital) attended the deceased from 5 - 19 St., that (1) (this haspital) attended the deceased from 5 - 19 St., that (1) (this haspital) attended the deceased from 5 - 19 St., that (1) (this haspital) attended the deceased from 5 - 19 St., that (1) (this haspital) attended the deceased from 5 - 19 St., that (1) (this haspital) attended the deceased from 5 - 19 St., that (1) (this haspital) attended the deceased from 5 - 19 St., that (1) (this haspital) attended the deceased from 5 - 19 St., that (1) (this haspital) attended to 10 St., that (1) (t	
sow the deceosed alive an	ted
22b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF  22c. DATE SIGNED	
22d PHYSICIAN TYPE OR PRINT)  22d PHYSICIAN TYPE OR PRINT)  22e. ADDRESS 7	
PONIATO A VANIA IN 4/86 PONTOND 22214	
236, BURIAL CREMATION, REMOVAL 236, DATE 236, NAME OF CEMETERY OR CREMATORY 23d, LOCATION	

etoined by the hospital or attending physician.

TO HOSPITAL OR ATTENDING

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion should be detached for use as the burial-transit permit. Then please remove carbon papers. P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

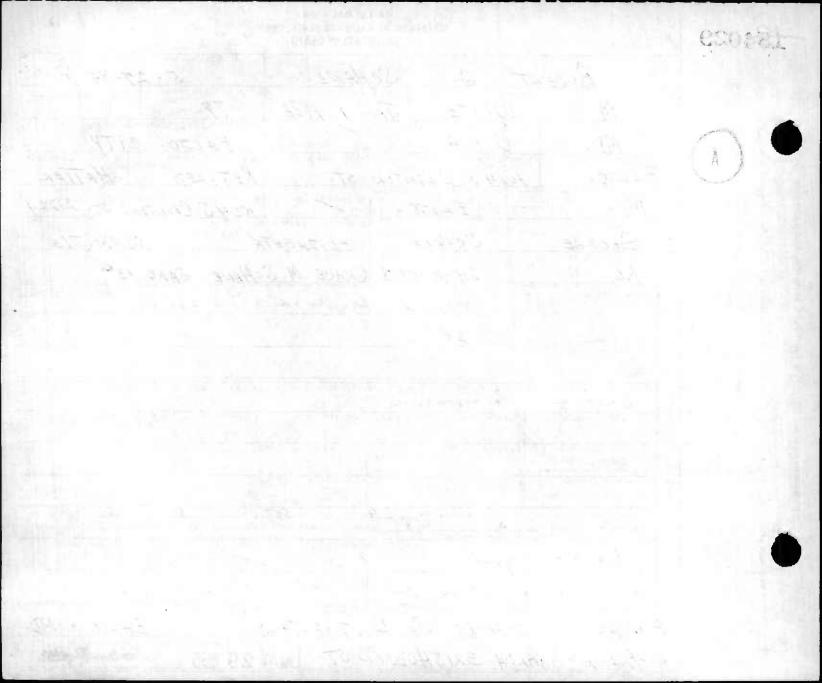
IMPORTANT: If Item 21 is morked or Item 18 shows ony

injury, or other troumotic event, th

(VRA 15, 4)

SKARDA 321884UDSON ST.

BY REGISTRAR 25), REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

### STATE OF MARYLAND

1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH CERTIFICAT	AND MENTAL HYGE OF DEATH	REG. NO.	41//
	CEASED NAME FIRST		HERER		24. DATE OF DEATH MONTH	-4-85 310 AM
3. SE	× MALE	A. RACE AUCASIAN	5. DATE OF BIRT	18 2°C	AGE (IN YEARS LAST BIRTHDAY) YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
<b>J</b> a. B	IRTHPLACE AT ME OF FOREIGN COUNTY OF THE PROPERTY OF THE PROPE	76. CITIZEN OF WHAT COUNTRY $U, S, A$	MARRIED 1	NEVER MARRIED X	BALTIMORE CITY OR COUN	
P	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STREET  SINGLE HOSP	TAC OG	LUEDERE REENSPRIN	120 USUAL OCCUPATION ETYPE OF WORK FOR MOST OF WORKING	LIFE) IZE KIND OF BUSINESS OR INDUSTRY  REGALL MEAT
	AL RESIDENCE (IF NURSING HOME O STATE 136 COU		WN 13d. IN YES	90	130 STREET ADDRESS, ZIP CO	#2/209 Wood Ave
14. F/	ATHER'S NAME FIRST	MIDDLE LAST	15 MG	OTHER'S MAIDEN NAM	ME MIDDLE	LAST
	ISIDOR	SCHERE		MOLLIE	ADDRESS	SCHIFFERES
	WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) YES WWTT	VE WAR OR DATES)	DRITTNO. 17. IN	Clarent	NARD SCHERERS 203 BEDFORD RD.	(21208)
	PART I. DEATH WAS CAUSI	DUE TO, OR AS A CONSEO  (c)  DUE TO, OR AS A CONSEO  (b)  DUE TO, OR AS A CONSEO  (c)	UENGE OF PESPICAL	0	E Metabolic Beram mutuin Pula Dessi	APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH  30 MINUTE  > 30 DAYS  WEARS.
NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT R	RELATED TO THE TERM	VINAL DISEASE OR CONDITION G	IVEN IN PART 110
CERTIFICATION	19a DATE OF OPERATION	191 CONDITION FOR WHICE	intu	differ.	YES NO NO IN CER	TES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?  YES NO
EDICAL CE	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE LIF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH	DAY YEAR	HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 11	B PART I OR PART 2)
MEDI	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		OCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the deceased plive or	oital) attended the deceased from  19  19  19  19  19  19	and owners the	in (my) (aur) apinion	death occurred on the date and h	19, that (I) (we) last aur and from the causes stated
	726. SIGNATURE	C Louis un	DEGRE	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED 5/4/85
	224 PHYSICIAN'S NAME (TYPE RICHARD C.	ORPRINI)		ADDRESS INAI H	osl of	SALTIMENT

should be detoched for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal

marked or Item 18 shows on

MPORTANT: If hem 21 is

TO FUNERAL DIRECTOR: After this certificate has been

retained by the haspital HOSPITAL

DHMH - 16 50M 4/83 (VRA 15, 4)

23e. BURIAL, CREMATION, REMOVAL (SPECIFY) 236. DATE BURIAL 5-5-85 DHEB

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., IN

6010 REISTERSTOWN RD., BALTO., MD

23c. NAME OF CEMETERY OR CREMATORY DHEB SHALOM MEM.

21215

INC.

23d. LOCATION
CITY OR TOWN
REISTERSTOWN

BALTO. MD

PARK REGISTRAR 156 REGISTRAR'S SIGNATURE

should be detached for use as with the State Dept. of Health TO FUNERAL DIRECTOR.

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT: If hem 21 is

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🖁

FOR STATE REGISTRAR				IEALTH AND MENTAL HYG ICATE OF DEATH	REG	. NO.			1	
ECEASED NAME FIRST		MIDDLE	Ĺ	AST	20. DATE OF DEATH		DAY	YEAR	2b. HOUR	_
(PE OR PRINT) MARQ	N==T	P.	Sal	heufele		5	. 2	28	220	H
Ex.	4 RACE		5. DATE C		6 AGE (IN YEARS LAST			ER I YEAR	IF UNDER 24	HRS.
Female	Whi	te	7	24 09	75	YRS			HOURS	MIN.
EIRTHPLACE   STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	A ARRIE	D NEVER MARRIED	BALIMPRECIT	COR COUL	LY OF DI	EATH		
Md.	II. S	. A.	WIDOWE			es Ho	v			MD.
ITY OR TOWN OF DEATH	(IF NOT IN SU	CH FACILITY, GIVE STREET AD	DRESS)	DR OTHER INSTITUTION	120 USUAL OCCUP (TYPE OF WORK FOR MO	ATION STOF WORKING	12b		F BUSINESS	OR
IAL RESIDENCE (IF NURSING FORE	St. A	gnes Hospi	DMISSION		Housewij		1			
	alf	13c CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e STREET ADDRES			sist	ersto #211	
ATHER'S MAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM			170			_
Charles	WIDDLE	Hook		Marv	MIDDLI			LAST	ummer	C
WAS DECEASED EVER IN U.S. A		16h SOCIAL SECURI	ITY NO.		Westches	DRESS	- TE			
(IF YES, G	IVE WAR OR DATES)	212 72 70	00							I Ly
In addiscrete		1212-32-30		Charles A.Sch	eniere		Md.	#210	AATE INTERVA	
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only ane cause per SED BY:			SPIRATORY	ARR	EST			Cura Cura	
Candidan II	,	RAS A CONSEQUEN	ICE OF							
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, O	CALF  OR AS A CONSEQUEN  MASS - L  ONTRIBUTING TO DE	ES (		nal disease or co			3		
gave rise to immediate cause (a), stating the underlying cause last	DUE TO, O	CALF ORAS A CONSEQUEN MASS-L	ES (	NOT RELATED TO THE TERM		20b. IF	YES, WER	E FINDIN		
gave rise to immediate cause (a), stating the underlying cause last	DUE TO, O  (c)  CONDITIONS CO  19b. COND  21b. TIME C HOUR A.	CALF  OR AS A CONSEQUEN  MASS - L  ONTRIBUTING TO DE  OUTTOON FOR WHICH O	ATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF IN CER	YES, WER TIFYING YES	E FINDIN CAUSES	GS USED OF DEATH?	
gave rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DUE TO, O  (c)  CONDITIONS CO  19b. COND  HOUR A.  ERI PLACE	OF INJURY  MANUEL OF INJURY	ATH BUT  PERATION  YEAR  19	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF IN CER	YES, WER ETIFYING YES TOP IB PART : OF	E FINDIN CAUSES	GS USED OF DEATH?	
gave rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  11a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETERMINED CAU	DUE TO, O  (c)  CONDITIONS CO  19b. COND  21b. TIME CO HOUR A.  ER) P.  21e. PLACE (AT HOME. STI	OR AS A CONSEQUEN  MASS - L  ONTRIBUTING TO DE  OPTINIURY  M. MONTH DAY  M. OF INJURY  REET, FACTORY, OFFICE, FARI  THE DECEOSED FROM  THE DECEOSE	PERATION  YEAR  19  M. ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURR  211 LOCATION	200 AUTOPSY? YES NO ED (ENTER NATURE OF II	20b. IF IN CER	YES, WER TIFYING YES D IB PART : OF	E FINDIN CAUSES	GS USED OF DEATH: NO  STAI	TE
gave rise ta immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  11a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETERMINE CONTRIBUTING CAUSE OF DETERMINE CAUSE OF	DUE TO, O  CONDITIONS CO  19b. COND  19b. COND  21b. TIME C HOUR A. ER)  21e. PLACE (AT HOME. STI  101) view the body  CLUE UL  CONDITIONS CO   OR AS A CONSEQUEN  MASS - L  ONTRIBUTING TO DE  OPTINIURY  M. MONTH DAY  M. OF INJURY  REET, FACTORY, OFFICE, FARI  THE DECEOSED FROM  THE DECEOSE	YEAR 19 M. ETC)	NOT RELATED TO THE TERM  N WAS PERFORMED  211. LOCATION STREET  20 19 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	200 AUTOPSY?  YES NO CITY OF  CITY OF  Leath accurred on the	20b. IF IN CER	YES, WER ETIFYING YES  CCC	E FINDIN CAUSES  PART 2)  DUNTY  From the c	GS USED OF DEATH: NO  STAI	TE ) lost	
gave rise ta immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  27a. I certify that (I) (this has; sow the decosed alive above, (I) (we) (did) (did a above, (I) (we) (did	DUE TO, O  CONDITIONS CO  19b. COND  19b. COND  21b. TIME C HOUR A. ER)  21e. PLACE (AT HOME. STI  101) view the body  CLUE UL  CONDITIONS CO   OF INJURY  MA CONSEQUEN  MA SS - L  ONTRIBUTING TO DE  OF INJURY  M. MONTH DAY  M. MONTH DAY  M. MOSTINIURY  REET, FACTORY, OFFICE, FARI  OF INJURY  TO deceosed from	YEAR 19 M. ETC)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURR  21l. LOCATION STREET  3 0 19 4 3  nd that in (my) (our) opinion of DEGREE  ATTENDING	200 AUTOPSY?  YES NO CITY OF  CITY OF  Leath accurred on the	20b. IF IN CER	YES, WER ETIFYING YES  CCC	E FINDIN CAUSES  PART 2)  DUNTY  From the c	GS USED OF DEATH: NO STAI  hat (I) (we auses state	TE	
gave rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  11a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETERMINED CAU	DUE TO, O  CONDITIONS CO  19b. COND  19b. COND  21b. TIME CO HOUR A.  ER)  21e. PLACE (AT HOME. STI  Dital) attended the condition of the body  OR PRINT)  A CIVI	OR AS A CONSEQUEN  MASS - L  ONTRIBUTING TO DE  OPTINIURY  M. MONTH DAY  M. MONTH DAY  M. MOTH DAY  THE MET OF	YEAR 19 M.ETC)	NOT RELATED TO THE TERM  N WAS PERFORMED  211. LOCATION STREET  20 19 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	200 AUTOPSY?  YES NO  ED (ENTER NATURE OF III  CITY OF  MEDICAL S  DIRECTOR PHY  1234 LOCATION  CITY OR TOWN	20b. IF IN CER NJURY IN ITEM	YES, WER ETIFYING YES  CCC	PART 2)  DUNTY  PS 1  Tram the c  C DATE 5	GS USED OF DEATH: NO STAI  hat (I) (we auses state	) lost ad

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1 40051	li.	FOR - STATE
1/12051		REGISTRAR  CEASED NAME FIRST CORPRINT)  CONTROL OF PRINT)
A A A A A A A A A A A A A A A A A A A		
on after dec	30 C	ITY OR TOWN OF DEATH 111
within 24 his detail right in	13a. S	AL RESIDENCE (IF NURS OF THE COUNTY OF THE C
he executed components of the control of the contro		NAS DECEASED EVER IN U.S. ARME YES NO OR UNKNOWN) (IF YES, GIVE W
that the death certificate of by the attending physics less innove cutton paper (a), cremation, as removal, in other traumatic event, the		18 CAUSE OF DEATH lEnter only of PART I. DEATH WAS CAUSED BE IMMEDIATE Conditions, if only, which gove rise to immediate cause (a), stoting the underlying cause last.
in the requires in the permit They plant, the prior to burn yes day which, and they are day and they are day are da	THEATION	PART 2 OTHER SIGNIFICANT CON  IP O DOWN WAR  IPO DATE OF OPERATION  3-14-61

## DEP

STATE OF MARYLAND				
ARTMENT OF HEALTH AND MENTAL HYGIENE	8	5	1	4
CERTIFICATE OF DEATH		REG. NO.		

1.	LIVEE C	OR PRINTI		4 -		0 1	4		20 DATE OF				
	(11176)	C/	NUA	Margi	uerite	2C1	nier		S	_	15	- dr	11.38
1	SEX		4	RACE		5. DATE	OF BIRTH		6 AGE (IN YE	ARS LAST BIRTH	-	IF UNDER I YEAR	IF UNDER 24 H
	1	Female		C	aucasia	n 3	3 11	20	6)		YRS.	, Dars	
8 L 70		THPLACE (STATE OR	FOREIGN 71		WHAT COUNTR	RY? 8	ED NEVER M.	ARRIED 🔀	9 BALTIMOR	E CITY OR	COUNTY	OF DEATH	
14	A CIT	mp		usi		WIDOW	ED DIV	ORCED 🗌	Du /	house	Culet	49	
1/12	o Cil	YOR TOWN OF DE	ATH 1	I NAME OF	CH FAPILITY, GIVE STE	REFT ADDRESS)	OR OTHER INSTIT	TUTION	TYPE OF WORK		WORKING LIF	12b. KIND (	OF BUSINESS
1	ISLIA	L RESIDENCE (IF NUR		Jouth E	altimore /	Bapla 1	1 Hospit	w	Ret. 1	t lori	st_	Delf-	employe
35	3a. ST	TATE	Coyy	A.A.	13c CITY OR TO	200	1134 INSIDE CIT		13e STREET A	DDRESS /	ZIP CODE	, ,	2100
1	& FAT	HERS NAME	But 1	none	Jun 1	Durnu	YES 15. MOTHER'S	MAIDEN NAM	77030	rac w	sol Re	1A-1	Va
920	7	Charle.	7	DDIE	50%	٠	di	IRST		MIDDLE		m. Y	\$1
8 40 11	in W.	AS DECEASED EVER	IN U.S. ARM	ED FORCES?	16b SOCIAL SE	CURITY NO.	17 INFORMAN	restine		ADDRES	S	Md. 2	1000
124		S NO OR UNKNOWN)		WAR OR DATES)	219-16	-9429	Edward	_	ien 8	51 Mg	in A.		Linthi
8	7	18 CAUSE OF DEAT	I Enter only		r line for (a) this	, ,	Comparter		1	) I III.	UL TIV		XIMATE INTERVAL
T T	- 1	PART I. DEATH V	VAS CAUSED	BY.	Cardi	· Resc	mater	aire	te			BEIWEEN	ONSET AND DEA
4	- 1		MMEDIATE			OHENCE OF	7						-
Oliver I	- 1	Canditions, if ony	, which	( ,6)	CLYCLC.		A mis	Hapst	LNSW	_			
4.5	- 1												
1 1	- 1	gove rise to im		DUETO	P AA A CONSE	DUENCE OF		9.					
coffee			ng the	DUE TO, C	PASI DI	QUENCE OF	diogen	ic St	well	,			
ry, or other	-	cause (a), stoti	ng the e last.	(c)_	105.61	- CO10	logen TNOT RELATED T				TION GIV	EN IN PART 1	9
miury, or other	-	cause (a), stoti underlying cause	NIFICANT CO	ONDITIONS C	ONTRIBUTING T	O DEATH BUT	Lung	med med	NAL DISEASE	OR CONDI	Corci	שהשפנש	thelu
s asy injury, or other	NO.	PART 2 OTHER SIG	ng the e last.  NIFICANT CO	ONDITIONS C	ONTRIBUTING T	O DEATH BUT	11	med med	NAL DISEASE	OR CONDI	Cor CS 20b. IF YES	EN IN PART 1	the lu
8 /	FICATION	PART 2 OTHER SIG	ng the e last.  NIFICANT CC	ONDITIONS COND	ONTRIBUTING TO	O DEATH BUT	Lung on was perfor	Med TERMI	200 AUTO	OR CONDI	20b. IF YES IN CERTIF YES	WERE FINDS YING CAUSES	the lu
5	CERTIFICATION	PART 2 OTHER SIG	NIFICANT CO	ONDITIONS COND	ONTRIBUTING TO	O DEATH BUT	DN WAS PERFOR	Med TERMI	200 AUTO	OR CONDI	20b. IF YES IN CERTIF YES	WERE FINDS YING CAUSES	Helu NGS USED S OF DEATH?
5	CERTIFICATION	PART 2 OTHER SIG	ng the e lost.  NIFICANT CC  LTION  DERLYING   CAUSE OF DEATH (CAL EXAMINER)	DNDITIONS COND	ONTRIBUTING TO SELECTION OF INJURY  OF INJURY  .M. MONTH  .M.	O DEATH BUT	Lung DN WAS PERFOR	MCL)  MED  URY OCCURRI	200 AUTO	OR CONDI	20b. IF YES IN CERTIF YES	WERE FINDS YING CAUSES	Helu NGS USED S OF DEATH?
分	MEDICAL CERTIFICATION	PART 2 OTHER SIG	ng the e lost.  NIFICANT CO  LIDON  TION  CAUSE OF DEATH  ICAL EXAMINER)	DIPLOTAGE  21b. TIME CHOUR A HOUR A P 21c PLACE	ONTRIBUTING TO PROPERTY OF INJURY	DAY YEAR	DN WAS PERFOR	MCL)  MED  URY OCCURRI	200 AUTO	OR CONDI	20b. IF YES IN CERTIF YE:	, WERE FINDS YING CAUSES	Helu NGS USED S OF DEATH? NO
5	MEDICAL CERTIFICATION	PART 2 OTHER SIG	ng the e lost.  NIFICANT CO	DIDITIONS CONDITIONS C	ONTRIBUTING TO STATE OF INJURY  OF INJURY  REET FACTORY, OFFICE	DAY YEAR  19  CE, FARM ETC.)	211. LOCATION	MCL)  MED  URY OCCURRI	200 AUTO	OR CONDI	20b. IF YES IN CERTIF YE:	, WERE FINDI YING CAUSE S	Helu NGS USED S OF DEATH? NO
5	MEDICAL CERTIFICATION	PART 2 OTHER SIG	ng the e lost.  NIFICANT CO  LIDERLYING CAUSE OF DEATH ICAL EXAMINER)  RED  HILE DIRK DOSPITO	DNDITIONS COME  19b. COME  21b. TIME COME  HOUR A  21c PLACE  TATHOME ST	ONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTION OF INJURY REEL FACTORY, OFFICE deceased from the deceased from	DAY YEAR  19  CE, FARM ETC.)	211. LOCATION STREET	TO THE TERMINAL TH	200 AUTOF	OR CONDI	20b. IF YES IN CERTIF YE:	W MC T	Helu NGS USED S OF DEATH? NO
5	MEDICAL CERTIFICATION	PART 2 OTHER SIG  PART 2 OTHER	ng the e lost.  NIFICANT CO  LIDERLYING CAUSE OF DEATH ICAL EXAMINER)  RED  HILE DIRK DOSPITO	DNDITIONS COME  19b. COME  21b. TIME COME  HOUR A  21c PLACE  TATHOME ST	ONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTION OF INJURY REEL FACTORY, OFFICE deceased from the deceased from	DAY YEAR  19  CE, FARM ETC.)	211. LOCATION STREET	TO THE TERMINAL THE THE TERMINAL THE TERMINA	200 AUTOF	OR CONDI	20b. IF YES IN CERTIF YE:	COUNTY	NGS USED S OF DEATH? NO   STATE
	MEDICAL CERTIFICATION	PART 2 OTHER SIG	ng the e lost.  NIFICANT CO  LIDERLYING CAUSE OF DEATH ICAL EXAMINER)  RED  HILE DIRK DOSPITO	DNDITIONS COME  19b. COME  21b. TIME COME  HOUR A  21c PLACE  TATHOME ST	ONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTION OF INJURY REEL FACTORY, OFFICE deceased from the deceased from	DAY YEAR  19  CE, FARM EIC)	211. LOCATION STREET  DEGREE  AT	TENDING	200 AUTOR YES ED (ENTERNATI	OR CONDI	220b. IF YES IN CERTIF YE IN ITEM 18 P	COUNTY	Helu NGS USED S OF DEATH? NO
8	MEDICAL CERTIFICATION	PART 2 OTHER SIG  PART 2 OTHER	ng the e lost.  NIFICANT CO	21b. TIME CHOR A P 21b. PLACE (AT HOME ST	ONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTION OF INJURY REEL FACTORY, OFFICE deceased from the deceased from	DAY YEAR  19  CE, FARM EIC)	211. LOCATION STREET  DEGREE  AT	TO THE TERMINATION OF THE TERMIN	200 AUTOR YES ED (ENTERNATI	OR CONDI	220b. IF YES IN CERTIF YE IN ITEM 18 P	COUNTY	NGS USED S OF DEATH? NO   STATE
REACT if herit 2 is mosted or then 18 steps	MEDICAL CERTIFICATION	PART 2 OTHER SIG	ng the e lost.  NIFICANT CO	21b. TIME CHOWE ST	ONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTION OF INJURY REEL FACTORY, OFFICE deceased from the deceased from	DAY YEAR  19  CE, FARM EIC)	211. LOCATION SIREET  211. LOCATION SIREET  DEGREE  AT PH  222 ADDRESS	DED  URY OCCURRI  19  pur) aprinten d  TENDING  TENDING  TENDING	200 AUTOR YES  ED (ENTERNATION  MEDICAL DIRECTOR	OR CONDI	20b. IF YES IN CERTIF YE IN ITEM 18 P	COUNTY  COUNTY  27c. DATE	Helu NGS USED S OF DEATH? NO
MPORTANT if help 21 is morked or from 18 segments	MEDICAL CERTIFICATION	PART 2 OTHER SIG  PART 2 OTHER	INTERCANT CO	PRINT OF SERVICE OF SE	ONTRIBUTING TO PROPERTY OF INJURY  OF INJURY  OF INJURY  REEL FACTORY, OFFIN  or after death.	DAY YEAR 19 CE, FARM ETC.)	211. LOCATION STREET  211. LOCATION STREET  211. LOCATION STREET  212. ADDRESS  2001	TENDING SHAPE	200 AUTOR YES  ED (ENTERNATION  MEDICAL DIRECTOR	OR CONDI	20b. IF YES IN CERTIF YE IN ITEM 18 P	COUNTY	Helu NGS USED S OF DEATH? NO
MPORTANT If herit 21 is morked or from 18 september 19 and 19 september 19	MEDICAL CERTIFICATION	PART 2 OTHER SIG	INTERPRETATION OF THE PROPERTY IN THE PROPERTY	21b. TIME CHOWE ST	ONTRIBUTING TO PROPERTY OF INJURY  OF INJURY  M. MONTH  M. OF INJURY  REEL FACTORY, OFFIR  15  4 other death.	DAY YEAR 19 CE, FARM ETC.)	211. LOCATION STREET  211. LOCATION STREET  212. ADDRESS  200	TENDING CEMATORY	200 AUTOF YES  ED (ENTER NATION MEDICAL DIRECTOR  230 LOCAL CITY OF THE PROPERTY OF THE PROPER	OR CONDI	20b IF YES IN CERTIFY YE IN ITEM IB P	COUNTY  COUNTY  27c. DATE	NGS USED S OF DEATH? NO   state  that (i)  causes stated  SIGNED
MAPORTANT II hert 21 is morked or from 18 steps	MEDICAL CERTIFICATION	PART 2 OTHER SIG	INTERPRETATION OF THE PROPERTY IN THE PROPERTY	PRINT OF SERVICE OF SE	ONTRIBUTING TO PROPERTY OF INJURY  OF INJURY  OF INJURY  REEL FACTORY, OFFIN  or after death.	DAY YEAR  19  CE, FARM EIC)  M  CE, FARM EIC)  CE, CAMB OF C  Loudon	211. LOCATION STREET  211. LOCATION STREET  212. ADDRESS 222. ADDRESS 223. CEMETERY OR CR	TENDING HYSICIAN DEMATCRY	200 AUTOI YES   TO LENIER NATI  MEDICAL DIRECTOR  23d LOCAT Bala	OR CONDINATION OF THE PHYSICIA  IN TOWN   20b IF YES IN CERTIFICATION OF THE MEDICAL MANAGEMENT OF THE MEDICAL M	COUNTY  COUNTY  27c. DATE	TURE	

DHMH - 16 60M 7/84 (VRA 15, 4)

I write to Commission of the Special Commiss me elepto - Manual and the state of the s The transfer of the state of th The state of the s good it many before from good to the projet publings git in the second of the contract of the second of the second of the second of her the territory that the transport of the transport that the second of th

## DEPARTN

STATE OF MARYLAND					0	
CERTIFICATE OF DEATH	C		9	4	0	
CERTIFICATE OF DEATH		REG NO				

	1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	10.		
		CEASED NAME FIRST OR PRINT) Barbara	Virginia	Sc	hmidt	20 DATE OF DEATH	монтн 5-	24-85	7:00am
	3. SEX	Female	White	5. DATE (		6. AGE (IN YEARS LAST 6		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
5		Va.	U.S.A.	MARRIE		I BAITO.			MD
-	Ва	alto.	1). NAME OF HOSPITAL, NURSING	e Av		120 USUAL OCCUPA (PAR OF WORK FOR MOST rain Or	OF WORKING		Stee
5	13¢ S	Md.	OTHER INSTITUTION GIVE RESIDENCE BEFORE TY 13c. CITY OR TOWN Balto.		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 5007 Las	/ ZIP CO	e Ave.	21206
		THER'S NAME FIRST M  FIGURE	Bowman		15. MOTHER'S MAIDEN N	MIDDLE		Brown	ST
/	()	VAS DĒCEASED EVER IN U.S. ARM VES, NO OR UNKNOWN] (IF YES, GIVE	MED FORCES? 16b SOCIAL SECUI		A Jerome	Schmidt 5		LaSalie	206 Ave.
		PART I. DEATH WAS CAUSED	y one couse per line for (o), (b), ond (b):  CAUSE (o)	NCE OF	Heart Fix	live		APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
	NOI	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE OR COI	VDITION (	GIVEN IN PART 11	ō
7	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CER	YES, WERE FINDII TIFYING CAUSES YES []	
7	EDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)		Y YEAR		JRRED (ENTER NATURE OF IN	URY IN ITEM I	8 PART I OR PART?)	
0	MEDI	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		211. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
		220.1 certify that (I) (this hospite	ol) ottended the deceosed from	ma C-	nd that in (my) (our) apinio	9 to pre			that (I) (we) last

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

224 PHYSICIAN'S NAME (TYPE OR PRINT)

22b. SIGNATURE

obove, (I) (we) (did) (did not) view the body ofter deoth

David Zajano

22e ADDRESS

5000 Franklin Square Drive 21237

23g. BURIAL, CREMATION, REMOVAL Burial 5-28-85 23c. NAME OF CEMETERY OR CREMATORY Most Holy Redeemer

Balto.

Md .STATE

DHMH - 16 50M 4/83

BP.

(VRA 15, 4)

IMPORTANT: If Item 21 is morked or Item 18 shows ony

THE FUNERAL DIRECTOR 3331 Brehms Lane 21213 Schimunek Funeral Home, Inc. 24 FUNERAL DIRECTOR

BY REGISTRAR 25h. REGISTRAR'S SIGNATURE

akorsk

7	6	-	7	-/		
	_				_	

campletely filled in by the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a should be detached for use as the burial-transit permit. Then please remove carban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

medical exam

injury, or ather traumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shaws any

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FOR

### STATE OF MAR DEPARTMENT OF HEALTH A

RYLAND	2	0.	4	3	43
ND MENTAL HYGIENE	5	1	dig	1	O
OF DEATH	DEC NO				

1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.			
	CEASED NAME FIRST	MID	DLE	Į.	AST	20. DATE OF DEATH	HIMOM	DAY YEAR	2b. HOUR	
,,,,,	J.	PAUL .	SCHMI	TC			5	D 85	NPM	
3. SE	X	4 RACE		. DATE C		6. AGE (IN YEARS LAST BH	THDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	
	Male	White	9	Apr		92	YRS.			
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WI	HAT COUNTRY? 8	MADDIE	NEVER MARRIED	9. BALTIMORE CITY C	R COUNT	Y OF DEATH		
ì	MD	US.	A .	VIDOWE	_	BALTIMO	RE C	ITY	MD.	
10. ⊂1	TY OR TOWN OF DEATH		SPITAL, NURSING		PR OTHER INSTITUTION	12a USUAL OCCUPAT			OF BUSINESS OR	
	BALTIMORE		MEMORIAL		PITAL	Attorne		La		
	AL RESIDENCE (IF NURSING HOME STATE 13b COI		VE RESIDENCE BEFORE AL	MISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP COD	ÞΕ		
	MD		Balto.		YES X NO	1211 Lak	eside	Ave.	21218	
14. FA	ATHER'S NAME	WIDDIE	LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		I.A.	51	
	William	A.	Schmid	t	Minie			mey		
	VAS DECEASED EVER IN U.S. A	RMED FORCES? 16	SOCIAL SECURI	TY NO.	17 INFORMANT	ADDR	ESS			
,	Yes W		217 38 0	481	Ruth J. Sch	hmidt,	San			
	Canditians, if any, which	SED BY: ATE CAUSE (a)	as A CONSEQUEN	ter	and			BETWEEN	RMATE INTERVAL ONSET AND DEATH	
	gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR A	CV A	CE OF						
z	PART 2 OTHER SIGNIFICAN	CONDITIONS CON	ITRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GI	VEN IN PART 1	lo	
CERTIFICATION	19a DATE OF OPERATION	196 CONDITIO	ON FOR WHICH O	PERATIO	N WAS PERFORMED	200. AUTOPSY? 20b. IF YES, WERE FINDINGS UIN CERTIFYING CAUSES OF DIE YES NO				
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN	HOUR A.M.	MONTH DAY	YEAR	21c HOW INJURY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)		
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF	FINJURY T, FACTORY, OFFICE, FARI	M, ETC }	211 LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE	
	220.1 certify that (1) (this has saw the deceased alive a abave, (1) (we) (did) (did	5/12	1925	<b>\$</b> /	5 , 19 4 5 and that in (my) (our) opinion d	, 10	ote and had	ur and fram the		
	226 SIGNATURE David	5. Du				MEDICAL STA DIRECTOR PHYSI	FF CIAN (	224. DATE	12/85	
1	27d PHYSICIAN'S NAME (TYP		اله ال		20 ( E U u	IVERSITY	Picus			
							. 4	7		

BP

TO HOSPITAL

ATTENDING PHYSICIAN: The law

retained by the haspital or attending physician.

DHMH - 16 50M 4/83 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL 236 DATE Burial

5/15/85 4905 York Road Balto., MD 21212

23c NAME OF CEMETERY OR CREMATORY Baltimore

23d LOCATION
CITY OR TOWN
Balto.

COUNTY STATE MD

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE MAY

Lika Davidson Randas

Wele way White Aur. 20, 1888 Security White Cury

BALTIMORE UNION MEMORIAL HOSFITAL ACCEPTED AND ACCEPTED ACCEPTED ACCEPTED AND ACCEPTED ACC

MD 1 Straits Winds Ave., State

Yea WW 1 217 56 6481 Puth U. Schirt t. same

Thereton Day Son

| burdel | Baltimors | Baltimors | Baltr., | Hardy W. Janeins & Sons Co. | W. 1 and Baltr., | W. 1 and Baltr

requires that the death certificate be executed within 24 hours ofter

TENDING PHYSICIAN: The law

FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

9	"	REGISTRAR				CE	RTIFIC	ATE OF	DEATH			REG. N	10.				
		CEASED NAME	FIRST	,	MIDDLE		LAS	1		20	DATE O		MONTH	DAY	YEAR	2b. HO	UR
	11176		NTHON	Y	W.		SCHN	EIDER					05	05	85	_	20 м
\	3. SE>	(		4 RACE		5. 0	MONTH	BIRTH	YEAR	6.	AGE (IN	YEARS LAST B	RTHDAY)	MONTH:	DER 1 YEAR	IF UNDE	R 24 HRS
)	1	MALE		WHI	CE		02	21	20			65	YRS				
2		RTHPLACE (STATE OF	R FOREIGN	76 CITIZEN OF	WHAT COUN	VTRY? 8.	ADDIED	NEVED	MARRIED [	9.	BALTIMO	ORE CITY	OR COUN	TY OF D	EATH		
2		MARYLAND	1	U.S	.A.		DOWED		NORCED [		В	ALTIN	10RE	CITY			MD.
72	10. CT	TY OR TOWN OF DE	ATH	11. NAME OF I	HOSPITAL, N			OTHER INS	NOITUTION			OCCUPA	OF WORKING	121	KIND O	F BUSIN	ESS OR LAND
0	<sub>o</sub> E	BATT IMORE			AGNES 1			E.R.				ION		R	ACE	TRAC	CKS
90	USUA	AL RESIDENCE IF NU	RSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADM	ISSION)			N	<b>AUTUA</b>	L CL	ERK				O I CD
5	M	ARYLAND	BALT	MORE	ARBUT	US		YES T	CITY LIMITS?				ZIP CO		21	227	
601	I4. FA	THER'S NAME							'S MAIDEN N	_	3740		011 111	11101	,		
3/		FREDER I	OV.	J.	C C	HNE ID	FD	M	ARY			EMM	Δ		LAS	RIG	HT
1	16a.º W	VAS DECEASED EVE			16b. SOCIAL			7 INFORM				ADDI			VV	KLG	
L	IV.	YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	217-0	5-85/	/.	ANN I	. SCHN	JETI	DER 3	1920	BENSO	N AV	E.	212	27
								211111 0	. DOIL	11111	JUIC J	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	d Little	1	APPROXI BETWEEN		
		PART I. DEATH	WAS CAUSE	D BY	Mox	10	Les	$C_{\alpha}$	urcina	nu	aSta	Mar	1	<u> </u>	BETWEEN	JNSE! AN	DEATH
			IMMEDIA	TE CAUSE (o)		and the			OCITE	0 7 1	NON	11100	V				
		es livi ir		DUE TO, O	R AS A CONS	SEOUENCE	OF										
		Conditions, if on gave rise to in	nmediate	(p)										$\rightarrow$			
		cause (a), stat		DUE TO, O	R AS A CON	SEOUENCE	OF							ŀ			
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN															
	z	PART 2 OTHER SIC	SNIFICANT	CONDITIONS <u>CC</u>	DULKIRUTING	G 10 DEAL	H BUI N	OT RELATE	D TO THE TEL	RMINA	AL DISEAS	SE OR COI	ADII ION (	JIVEN IN	PART III	3	
1	CERTIFICATION	19a DATE OF OPER	ATION	TIN COND	196 CONDITION FOR WHICH OPERATION WAS PERFORMED					200 AUTOPSY? 206 IF YES, WERE FINDING					IGS HSI	ED.	
9	F .	DATE OF OTER	411014	110 00110		THE TO E	KATIO	WAS LEKE	OKMED				IN CER	TIFYING	CAUSES	OF DE	TH?
_	E	21a. ACCIDENT WAS U	NDEBLVING F	7 21b. TIME O	E INTITIDY			214 HOW II	NJURY OCCI	LIBBED	YES 📗	NO [		YES	D D + D T 21	NO	
1		OR CONTRIBUTING			M. MONTH	H DAY	YEAR	210110771	NOKI OCC	URRED	LENIERN	ATURE OF IN	UKT IN ITEM I	8 PARTIC	R PART 2]		
7	ICAL	(IF EITHER, NOTIFY MEI					19		2.1								
	MEDI	21d INJURY OCCU		21e. PLACE LAT HOME, STE	OF INJURY REET, FACTORY, C	OFFICE, FARM, I		II LOCAT				CITY OR T	OWN	C	OUNTY		STATE
		AT WORK AT W	ORK										,				
		22a   certify that (			e deteased 1	00	3	120	, 19	25	., ta	5	15	_, 19			(we) lost
		saw the deced above (1) [we)	sed alive on (did) (did no	view the body	éfter death.	19 05	, ond	that in my	(aur) apinio	an dea	ith accurre	ed on the	date and h	aur and	fram the	couses	tated
		226-SHOMENTIRE		1	- 1	C	DE	GREE						7	2c. DATE	SIGNE	,
	9	Las	X.	1. (.)	( ) Xx	1	M	()	ATTENDING PHYSICIAN		MEDICAL STAFF  CORRECTOR PHYSICIAN S					15	
,	1	27d PHYSICIAN'S N	AME TYPE	of substi	6-10			22e ADDRE	SS						1	1	
		PATRICK	WHITE	. M.D.				620	9 FRED	ER 1	CK P	OAD					
	23a B	URIAL CREMATION				23c NAM	E OF CE		CREMATOR	_	23d. LOC	ATION					
		BURIAL		05-08	-85	NEW	CAT	HEDRA	L			OR TOWN	E CIT	Y .	MIY	IARY	LAND
	-	JNERAL DIRECTOR		1 05 00		1		1229		ATE R			R 25b. REG				

DHMH - 16 50M 4/83 (VRA 15, 4)

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and a should be detached for use as the burishments permit. They please remove carbon popers. Pages with the State Deat, or theolth and Mantal Hydiene prior to burial, cremation, or removal.

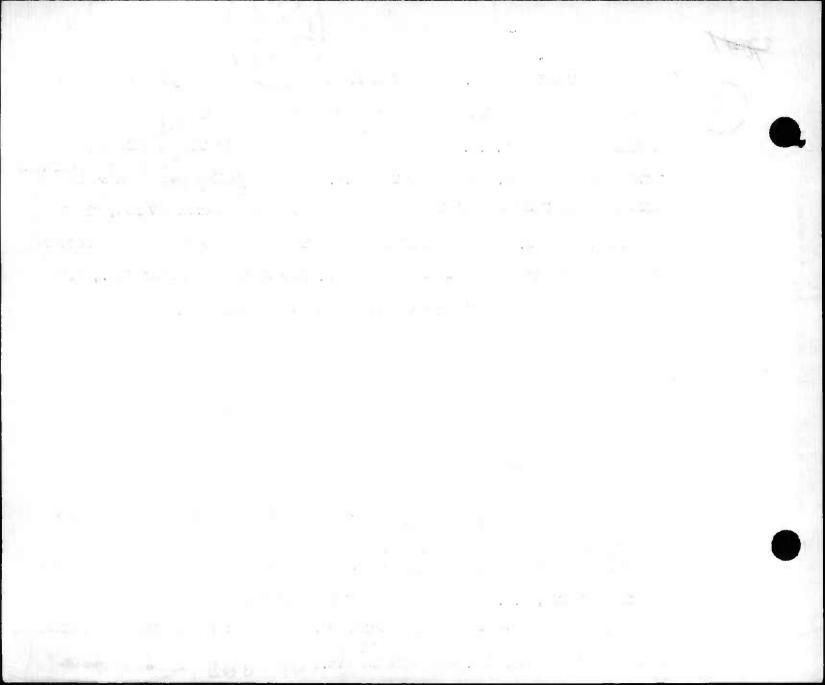
aws any injury, ar ather traumatic event, the

MPORTANT: If hem 21 is marked or hem 18 sh

HUBBARD FUNERAL HOME,

INC.

4107 WILKENS AVE



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and 2 should be filed with

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and camples should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP

retained by the hospital or ottending physician.

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other traumatic event, the

FOR STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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5	8	0	3	0	9
250 11					

Galia Davidson Brook

REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	O.			
1. DECEASED NAME FIRST	Telling Col	MIDDLE	1	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR	
(TYPE OR PRINT)	NA	C.	SCHR	ADER		5 3	185	10 A M	
3. SEX	4. RACE		5. DATE C		6. AGE   IN YEARS LAST 88	RTHDAY) IF I	JNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
Female	White		Sep		55	YRS.	THIS DAYS	mounts mine	
Zo. BIRTHPLACE (STATE OR FOREIGN	78. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	DEATH	111111111	
Maryland	U.S	S.A.	WIDOW		BALTIMO	RE		MD.	
BALTIMORE CITY	(IF NOT IN SUC	HOSPITAL, NURSIN CHEACHITY, GIVE STREET TON MEMOR	ADDRESS)	OSPITAL	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST) Housewi	OF WORKING LIFE)	12b. KIND O INDUSTRY	F BUSINESS OR	
USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION								
Maryland 13b CC	DUNTY	Baltimo		138 INSIDE CITY LIMITS?		. 35th	St.	21218	
14. FATHER'S NAME FIRST And rew	R. MIDDLE	Shipl	ev. S	15. MOTHER'S MAIDEN NA	ME MIDDLE		Con	niff	
140 WAS DECEASED EVER IN ITS		16b SOCIAL SECU		17. INFORMANT	ADDR	ESS	0011	11111	
	GIVE WAR OR DATES)	214-24-3		Mrs. Emma	Ford Same	as # 1			
18. CAUSE OF DEATH (Enter	anly one cause pe	r line for (a), (b), on	d (c).1				APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH	
PART I. DEATH WAS CAL	JSED BY:	RESPIRA	-	4 ARRES	Î.				
IMMED	IATE CAUSE (o)	111.21 1111	101	1					
	DUE TO, O	R AS A CONSEQUE	0	PALL TNI	5.1211		11 da		
Conditions, if any, which gave rise to immediate	(h)_	ANOXIC		KHIN TIM	2019		- ( (	naye	
couse 101, stating the underlying cause last.	DUE TO, O	CARDIO -	-	MONAK Y I	ARRECT		(1	days	
PART 2 OTHER SIGNIFICAN	I CONDITIONS C			NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVEN	IN PART 10	0'	
		narked	aho	citi					
Setera CON 190 DATE OF OPERATION 216, ACCIDENT WAS UNDERLYING			OPERATIO	N WAS PERFORMED	20e AUTOPSY?	206. IF YES, V			
OH. —	_				YES TO NOT	IN CERTIFYIN	√G CAUSES T	OF DEATH?	
218. ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY	F - 1	21c HOW INJURY OCCUR	4		(ORPART 2)		
OR CONTRIBUTING   CAUCE OF	DEATH	.M. MONTH D							
(IF EITHER NOTIFY MEDICAL EXAM		.M. OF INJURY	19	211. LOCATION			-		
WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, F	ARM ETC)	STREET	CITY OR TO	OWN	COUNTY	STATE	
220.1 certify that (I) (this ha	the same of	ne deceased from_	5. 2	0 19.85		. 19	85.	that (1) (we) last	
saw the deceased alive above, (I), (we) (did) (did	on S. SI	otter death	35.0	nd that in (my) (our) apinion	death occurred on the d	lote and hour o	nd from the	couses stated	
22b. SIGNATURE	A	Oner deom.		DEGREE			22c. DATE	SIGNED	
1. 1 Chal	hm			MD ATTENDING PHYSICIAN	MEDICAL STA	CIAN (A	5.	31.85	
22d PHYSICIAN'S NAME ITY	PE OR PRINT)			22e. ADDRESS		1/			
R, KHABBA	AZ, M.D.			UNION MEMO	RIAL HOSPIT	AL			
23a. BURIAL, CREMATION, REMOV	AL 23b. DATE	23c. 1	NAME OF	EMETERY OR CREMATORY	23d. LOCATION		OUNTY	STATE	
Burial	6/3/8	85 G	arden	s of Faith		more. N	arvla		
24 FUNERAL DIRECTOR	-1.41				TE REC'D. BY REGISTRA	256 REGISTRA			

Baltijmore, Md.

Leonard J. Ruck, Inc.

DHMH - 16 50M 4/83 (VRA 15, 4) Temple of the control 
Audigned , eromities faite faitheast dely de laine fairleast

. porcer i. nack, Inc. faltimore, Ai.

SACWLES STANLEY

No.

95.40

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	etomed by the hospital or ottending physician.	hours offer death. Togs
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	STATE OF MARYLAND	
	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	400
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STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE 8	S REG. I	NO.	4	1	8	1
Last	2n DATE C	-		0.44	YEAR	Tat 110	
			MONTH				

1 - STA'				DEPAR		EALTH AND MENTAL HYG	GIENE 8	REG. 1	10.	Caj		8 2	1	
	DECEASED NAME FIRST		-	MIDDLE	L	AST	2a. DATE O	F DE ATH	MONTH	DAY	YE AR	26 HOUR		
10.00000000	Ni ii	EDWAR	RD	A .	SCHU	TZ SR.	MAY	11,	198	5		11:2	24 E	
3.SEX		4.	RACE		5. DATE C	Day WEAD	6. AGE (IN)	rears last b	RTHDAY)	MONTHS	ER I YEAR DAYS	IF UNDER 24 I	HRS MIN,	
Ma	ale White				Marc	h 18, 1904	8	31	YRS		UNITS	, CONS	VI.1142	
COUNTR	ACE (STATE OR FOR PORTY)  arvland	OREIGN 76		S.A.	Y? 8 MARRIE WIDOWE	D X NEVER MARRIED DIVORCED			City MD					
100	(IF NOT IN SUCH			HOSPITAL, NUR HEACILITY, GIVE STR Home &	EET_ADDRESS]	PROTHER INSTITUTION	120 USUAL TYPE OF WOR Pair	K FOR MOST		G LIFE) IN	KIND O DUSTRY	self ved	OR	
13a. STATE Mat	ryland	Balti	Υ	GIVE RESIDENCE BEF 136. CITY OR TO Dunda	NWC	13d INSIDE CITY LIMITS? YES NO XX	134 STREET 1614	ADDRESS Fou	/ ZIP CC r Geo				222	
14 FATHER	ATHER'S NAME FIRST MIDDLE  John			Sc	hutz	IS MOTHER'S MAIDEN NA	ME	MIDDLE			Wal	lmsley		
146 WAS D	ECEASED EVER I			166 SOCIAL SE		17 INFORMANT		ADDI	RESS					
No	(YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)			213-12	-4530	Adda Schutz	z Sa	m as						
gov	nditions, if ony, we rise to imm se (a), stating lerlying cause	rediote	$\int_{(b)} \underline{A}$	R AS A CONSEC	.D									
	T 2 OTHER SIGN		-			NOT RELATED TO THE TERM					PART 110	)		
<u>ē</u>	MYOCARI					R OF BLADDI								
CERTIFICATION 130 D	ATE OF OPERAT	ION	196 COND	ITION FOR WHI	CH OPERATIO	n was performed	YES [	NAT				OF DEATH?	,	
	ACCIDENT WAS UNDI ONTRIBUTING C. EITHER NOTIFY MEDIC	AUSE OF DEATH	21b. TIME O HOUR A P	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NA	NTURE OF INJ	URY IN ITEM	18 PARTIOR	PART 2)			
WEDICAL WHILE WAS A WAS	LE NOT WHI	ILE	21e. PLACE ( (AT HOME STR	OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC }	211 LOCATION STREET		CITY OR T	OWN	cc	YTHUC	STAT	E	
	certify that (1) sow the decease obove, (1) (we) (di					19859 and that in (my lour opinion	deoth occurre		_, _	985 nour and f		that (I) (e)		
	SIGNATURE /	2/	Vai	zem		DEGREE ATTENDING PHYSICIAN [	MEDICAL DIRECTOR		AFF ICIAN 🙀	27	DATE	SIGNED 8	3	
22d. F	PHYSICIAN'S NA	ME (TYPE OR P	PRINT	)		22e ADDRESCHURCI								
	ATAOLL	AH NA	ZEMI	10	4	100 NORTH	BROAD	VAY	BALI	0. 1	1d.	2123	1_	
	L, CREMATION, F	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCA			COUN	414	EA LIS	Œ	
В	urial		5/16/	85 M	eadowr	idge Memorial	Pk. I	ortown	У			Md		

IMPORTANT: If them 21 is morked or them 18 shows ony

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

Leroy M. & Russell C. Witzke Funeral Homes P.A 1630 Edmondson Avenue, Catonsville, Md. 21228 MAY 1 4 1885 June Janden Ronder

the general section

Harming and A TAM

400.30	FOR STATE REGISTRAR	DEPART	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH								
T DECE	ASED NAME FIRST BES.	MIDDLE	Scott	20 DATE OF DEATH MONTH D	YEAR						
(A) 1 56X	F	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR 2-3 190-0	TO HOL (IN TERMOTRO) DIMITIONITY	FUNDER I YE						
	HPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY Baltimore	OF DEATH						
2.1 (4.00)	OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET STEET)	AG HOME OR OTHER INSTITUTION ADDRESS) HOSPICA	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KINI INDUSTI						
S STA	RESIDENCE (IF NUR ATE	E RESIDENCE BEFOR  131. CITY OR TOV  E d ge cud	N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 1921 Edge word	to p						
The land of the la	ON KNOWN	MIDDLE LAST	15. MOTHER'S MAIDEN NA FIRST Hatter	MIDDLE	W1/1						
	S DECEASED EVER IN U.S. A JUNKNOWN) (IF YES G	IVE WAR OR DATES!	-3948 Ray Dempse	4 1921 Edgewater	Dr						
a physica on paper emosal.	PART I. DEATH WAS CAUS	anly ane cause per line far (a), (b), are SED BY ATE CAUSE (a)	Esophagus lisper	7	APPR						
we corb	Canditions, if any, which	DUE TO, OR AS A CONSEQU									
£ £ 2 5 5	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF								
opposed a signed Then pla	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	<u>DEATH</u> BUT NOT RELATED TO THE TERA	winal disease or condition give	N IN PART						
	a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES,	WERE FIN						

GIVEN IN PART 110 YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY ME HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY LOCATION 21d INJURY OCCURRED COUNTY (AT HOME STREET FACTORY, OFFICE FARM, ETC. CITY OR TOWN STATE NOT WHILE 220 I certify that (1) (this haspital) attended the deceased from saw the deceased alive an \_\_\_\_\_\_ and that in (my) (our) apinian death accurred an the date and have and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 72± ADDRESS 774 PHYSICIAN'S NA

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION

250. DATE REC'D

2b HOUR

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS

IF UNDER I YEAR

INDUSTRY

O FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

ORTANT

MEDICAL

230. BURIAL, CREMATION, REMOVAL

23b. DATE

- Paristay

157129

DHMH - 16 50M 4/83

(VRA 15, 4)

- STATE

REGISTRAR

Baltimore (ity 126. KIND OF BUSINESS OR Netired rown (ork & Sen 13.4607 DRESS / ZIPAODE -21206 Mrs. Antonia G. Scott - 4603 Simms Ave. -21206 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE 83 and that in (our) opinion death occurred on the date and hour and from the causes stated DIRECTOR PHYSICIAN 23e BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Butler County Cem Butler Kentucky 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR John C. Miller Inc. 6415 Belair Rd.-21206

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

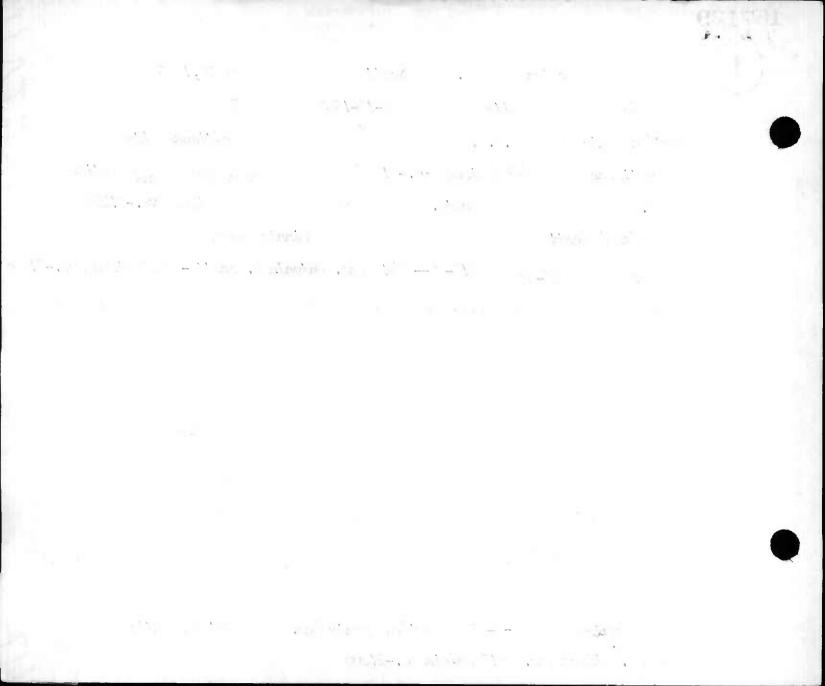
CERTIFICATE OF DEATH

2n DATE OF DEATH

26 HOUR

IF UNDER 24 HRS

IF UNDER I YEAR



### STATE OF MARYLAND

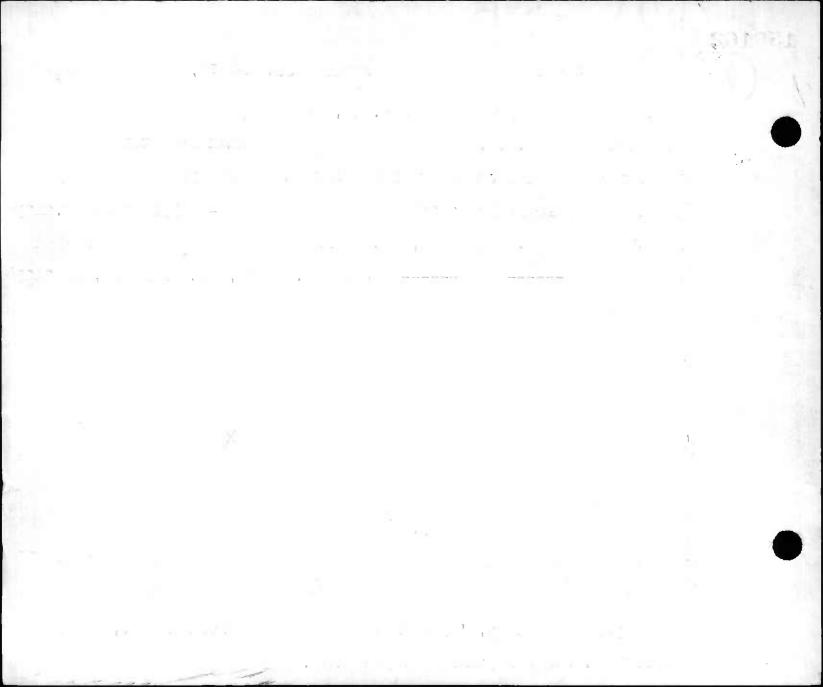
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1	EAS
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23	1	FOR STATE		DEPART	MENT OF HEAL	MARYLAND		8 5		1 4	8 8
-			RST	WIDDLE	CERTIFICA	ATE OF DEATI		REG.	NO.	DAY YEAR	2b HOUR
	(TYP)	OR PRINT)	FRANK		C	OTT J	r.		05	22 85	6:25PM
-	3. SE		4. RACE B1a	ıck	S. DATE OF B	IRTH DAY YE	6 AC		IRTHDAY)	22 85 IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS
57		RTHPLACE (STATE OR FORE	GN 7b. CITIZEN OF	WHAT COUNTRY	8	NEVER MARRIE	D 9 BA	64 LTIMORE CITY	_	Y OF DEATH	
5<5		TY OR TOWN OF DEATH  BALTIMORE	THE JU	HOSPITAL, NURSI	INS HOME OR O	THER INSTITUTIO	ON 12a. U	ALTIMORE JSUAL OCCUPA OF WORK FOR MOST	TION		OF BUSINESS OR
The st pe	130.	ALRESIDENCE (IF NURSING STATE 136	HOME OR OTHER INSTITUTION COUNTY	GIVE RESIDENCE BEFOR		INSIDE CITY LIM		REET ADDRESS			
dminer	14. F/	THER'S NAME FIRST Frank	WIDDIE	LAST	15.	MOTHER'S MAID	EN NAME	)1 Møra	St.	21202	ST
) a	16a. V	VAS DECEASED EVER IN I	J.S. ARMED FORCES?	Scot		INFORMANT	rrie	ADDI	RESS	Henry	. /01
medico	- (	YES, NO OR UNKNOWN) (II	YES GIVE WAR OR DATES)			Lucille	e Wigg				t. 401
event, the		18 CAUSE OF DEATH (E PART I. DEATH WAS	nter only one couse per CAUSED BY: MEDIATE CAUSE (o)		nd (c).					APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
emotion, or re er traumatic e		Conditions, if any, wh	DUE TO, O	R AS A CONSEQU	0.00						sutes
or other tro		gove rise to immedicouse (a), stating	ote	Pulmo No	ENCE OF	1,,,,,				24 Hou	
Jury, or		PART 2. OTHER SIGNIFIC	CANT CONDITIONS C			T RELATED TO TH	IE TERMINAL [	DISEASE OR COL	ADITION GI	_	
-	ON			140cardi		facetion					
2 mos mos	CERTIFICATION	19a DATE OF OPERATION	1 196 COND	ITION FOR WHICH				AUTOPSY?	IN CERTI	S, WERE FINDING CAUSES	NGS USED S OF DEATH?
or Item 18 shows		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	FOF DEATH HOUR A.		AY YEAR	. HOW INJURY C	OCCURRED (E	NTER NATURE OF INJ	URY IN ITEM 18	PART I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED	21e. PLACE		211	LOCATION		CITY OR T	OWN	COUNTY	STATE
l is morked		17s.1 certify that (1 cha	hospital attended th	deceased from-	-	ot in (my) (our) o	85, to	3/2	2	19_85	that (I) we lost
If Item 2		22b. SIGNATUR	indicate view the body	ofer deigh	MD PL	REE		DICAL STA		22c DATE	SIGNED
IMPORTANT: If Item	J	22d. PHYSICIAN'S NAME		CC ( )		PHYSIC ADDRESS	IAN DIRE	CTOR PHYS	CIAN		28/85
W W	. 23a. E	URIAL, CREMATION, REM	11 1 100 1	7.19	NAME OF CEME	The John		LOCATION	sital, t	Solt., N	W
		SPECIFY)  Burial  JNERAL DIRECTOR	5/29		Eastv	iew Cer	m.	Balti	more	Md.	STATE
7/84	100	Vm. C. Mar	ch F/H 11	O1 E. N	orth A		MAY	2 4 198	# KEGAS	JAWA SIGNAL	. Tandall

LOCH ROVEN

WILLIAM E. JOHNSON8521

(VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

# FOR STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	1.	2	.70	1	0	13
5	5	į.	Girl.	1	7	U
				700		_

	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.				
1	1. DECEASED NAME FIRS	Catherime )	LAST	3011111111111	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR			
	(Katie) Kathe	rine	Sc	ott	may ?	31985 710PM			
	3. SEX	4. RACE	5. DATE OF E		a. Aoc (market and a said	IF UNDER 1 YEAR IF UNDER 24 HRS			
	Female	Black	MONTH 9	1°7 18	66 YRS.	DATS HOURS MIN.			
1	To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8.	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH			
	MD	USA	USA   WIDOWED   DIVORCED   Baltimore						
	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE ST		OTHER INSTITUTION	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR			
E	Baltimore	Union Mem		ospital	(THE OF HOME ON HOUSE OF HOME	, in the control of t			
	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b. COU		TOWN 113	d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 2116 Ashland	Ave. 21205			
	14. FATHER'S NAME		15	MOTHER'S MAIDEN NAM					
ė	William	Scott		Matilda	MIDDLE Wil	ilkins			
	160 WAS DECEASED EVER IN U.S. A		SECURITY NO. 17	, INFORMANT	ADDRESS				
19	(YES, NO OR UNKNOWN) (IF YES, G	075-2	20-8142A	Alice Sco	ott 2116 Ashla	nd Ave.			
1	18 CAUSE OF DEATH (Enter of	only one couse per line for (o), (b		APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH					
	PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0) A SOIN				12 hours			
	WWW.Com	DUE TO, OR AS A CONSE	FOLIENCE OF	10					
	Conditions, if ony, which	( (b) ENC	(b) Encephalopathy						
	gove rise to immediate couse (0), stoting the underlying couse lost.	DUE TO, OR AS A CONSE	EOUENCE OF	metabolic.	Asixwin &				
	PART 2. OTHER SIGNIFICANT				INAL DISEASE OR CONDITION GIVE	EN IN PART To			
	2 Rigari	race renal fai	love, chy	oric assiration	ED, A CHOMULAS NO	= bleeding			
7	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WE	HICH OPERATION		200 AUTOPSY? 20b. IF YES	, WERE FINDINGS USED YING CAUSES OF DEATH?			
-	HE I				YES NOT YES				
7		LIGHT A AL MONTELL	DAY YEAR	Ic HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PART 2)			
	OR CONTRIBUTING CAUSE OF DE	EAIH	19						
	OR CONTRIBUTING CAUSE OF DU  OR CONTRIBUTING	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		If. LOCATION STREET	CITY OR TOWN	COUNTY STATE			
	WHILE NOT WHILE AT WORK	( The state of the	The transfer of						
		pital) attended the deceased fro	Iry Bomo	3_, 19_85	_ to May 8	19.55, that (I) (we) lost			
	sow the deceased alive o obove, (1) and did (did n	not) view the body ofter death.			death occurred on the date and hour				
	22b. SIGNATURE	10	DE	GREE ATTENDING	MEDICAL STAFF	1 224 DATE SIGNED			
	7	har! Con	min	D PHYSICIAN		19/8/82			
	22d PHYSICIAN'S NAME (TYPE	T Cairns	2	Ze ADDRESS	on How To	ita			
1	LOW	J Cott 12		Union M		(110			
	230. BURIAL, CREMATION, REMOVA			ETERY OR CREMATORY	Baltimore	COUNTY MD			
	Burial	5/14/85	Mt. Aut	ourn Cem.	partimore	MD			

injury, or other troumotic event.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending phy should be detoched for use as the burial-transit permit. Then please remove carbants with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo

IMPORTANT: If them 21 is morked or them 18 shows ony

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR 1101 E. North Ave. March F/H

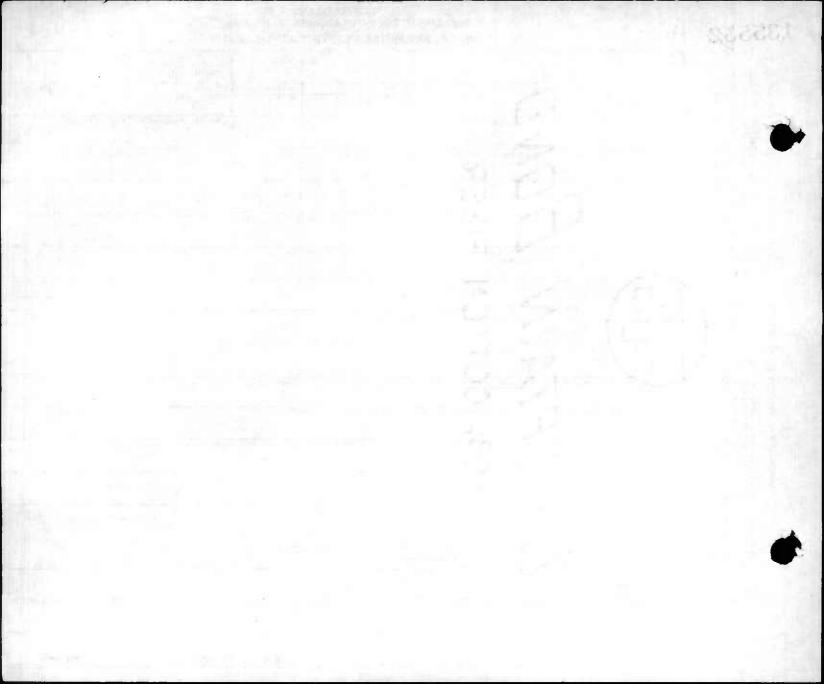
Baltimore

STATE OF MARYLAND

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REG	NO.	11.5			

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		COR PRINT)	E PRSI			WIDDLE			LASI			2a DATE OF	ESTI-	MONTH	DAY Y	EAR 2	b. HOL
Q to			MARY	7		Ε.		S	COTT				MATED [	5	6 19	85	
ž Č	F e	male	4 RACE Black	5 DATE MONTH 12	OF BIRTH	YEAR 18	6. AGE (IN YE) LAST BIRTHD/	(Y) MONT	DER 1 YR.	IF UNDER :	24 HRS. MIN.	2c. DATE PRONOUN DEAD	ICED	MONTH		YEAR 2	12:
24.0	7a. BI	REIGN COUNTRY	LATE OR	7b. CIT12	U S	AT COUN		8	IED NE	VER MARRIE DIVORCE			inore	-	TY OF DEAT		
7	Ва	ry or town	e	Si.	nai. He	ELTTY, GIVE S			ier institu	TION		JAL OCCUP MOST OF WOR	PATION (TY	PE OF WORK	126 KIND C OR IND		VESS
	13a. S1	MD	(IF IN NURSING HOM		STITUTION, GIV	113c. CITY	OR TOWN		13d INSIDE (I	NO 🗌	17		ss Bor	nd St	. 21	213	
		Phi 11	ip	MIDDLE		Wood			ΕÍ	r's MAIDEI	eth	M	IDDLE		lacs	LAST	
	16a. W	AS DECEASE S NO. OR UNKNI NO	D EVER IN U.S. A	RMED FOR VE WAR OR DA	CES?		S – 16 – 1		Evon		ker	915	Lake		Ave	•	
		18. CAUSE C PART I D	OF DEATH (Enter EATH WAS CAUS	SED BY			), and (c).) osclero	otic	cardi	ovascu	ılar	disea	ase		APPROX BETWEEN	ONSET A	TERVAL ND DE A
		Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)															
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10															
	CERTIFICATION	19a. DATE O	FOPERATION	19	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20 AUTOPSY?  YES \( \square\) NO \( \lambda \)				
	CAL CER		AL CAUSE WAS G OR ING CAUSE O		Ib. TIME OF HOUR A.M. P.M.		DAY YEAR	21c Ho	ow injury	OCCURRED	) (ENTER	NATURE OF INJ	URY IN ITEM 18	8 PART I OR PA	RT 2)		
	MEDICAL	WHILE AT WORK	OCCURRED  NOT WHILE AT WORK		STREET, FACTO				CATION			CITY OR TO	WN	co	VINITY		STATI
			ify that I toak cho ted from: No	turol causes		Accident		Autap		PECIFY)	Undet	Inquiry ermined mo	onner .	DATE	5-7-	-85	
		EXAMINER'S (TYPE OR PR	INI)		Dixon				ADDRESS_	111 F	Penn	St.,	Balto		D 212		
	(5	Buria		236 DATE 5/14	/85		Baltim		Cem.			altin		coul	l l	MD TATE	
		NERAL DIRE	March I	-/H	1101	Ε.	North	Αve		25a. DATE R		REGISTRA		JISTRAR'S S		do BV	



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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, and	-	

1 - STATE REGISTRAR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5	5	22	4	a succession of the succession	9	600
	REG NO					

	KEOTOTKAK				REG. N	10.		
	CEASED NAME FIRST		MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
(1112	Mary		Gertrude =	scott	5	5-24-	85	,
3. SE	X	4. RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BE		DER - YEAR	IF UNDER 24 HRS
	Emole	PIC	k 9		94	MONIH	15 DAYS	HOURS MIN.
a B	IRTHPLACE ISTATE OR FOREIGN	7h CITIZEN OF	WHAT COUNTRY? 8.		9 BALTIMORE CITY	OR COUNTY OF D	DEATH	
	COUNTRY)		MARR	IED NEVER MARRIED				
_	Maryland	U. S	No WIDOW  HOSPITAL, NURSING HOME		Baltimore		L VINID O	ME OF BUSINESS OR
		(IF NOT IN SUC	H FACILITY, GIVE STREET ADDRESS)		TYPE OF WORK FOR MOST	OF WORKING LIFE) IN	NDUSTRY	
	Baltimore		tte Square Nu		Domestic			Family
	STATE 136 COL		13c CITY OR TOWN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE 611	L N.	Rosedal
_	Maryland		Baltimore	YES 🔏 NO 🗌	Baltimore	, Marylar	nd 21	216
4. F	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME		LAST	1
	William	H.	Snowden	Mary		9	Sheri	
	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURITY NO		ADDR			dale St
(	(YES, NO OR UNKNOWN) (IF YES, (	GIVE WAR OR DATES!	219-30-5564A	Mrs. Bertina	F Snouden	Balto.		
=	T			MIS. BEL CINA	E. SHOWGER	Barto.		MATE INTERVAL ONSET AND DEATH
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	SED BY:	Pela	failure			BETWEENO	INSET AND DEATH
	IMMEDI	ATE CAUSE (0)	1411 monary	Jan 1910			Jen	MA
Z	PART 2. OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERM	INAL DISEASE OR COM	ADITION GIVEN IN	PART 110	)
CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH OPERAT	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEI		
ERI	210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUR			OR PART 2)	
	OR CONTRIBUTING CAUSE OF	A A I I I	M. MONTH DAY YEA					
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINATED)		M. 15 OF INJURY	21f LOCATION	150			
X	WHILE NOT WHILE		REET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	DWN C	COUNTY	STATE
	AT WORK AT WORK		3	16 00	51	24	5	
	220.1 certify that (I) (this has sow the deceased alive of		deceased from	and that in (my) (our) opinion	death accurred on the	data and have and		that (1) (we) los
	obove, (I) (we) (did) (did	not) view the body	ofter death.					
	22b. SIGNATURE	N.10	arom	DE GREE ATTENDING	_ MEDICAL STA	1	22c DATE S	SIGNED
	Moral av.	1114		PHYSICIAN	DIRECTOR   PHYSI			
	BMATUH	M N	AESM	220. ADDRESS Do	Iphinst, 1	3dt, IVI	0 8	1721)
	BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION	r Ou	INITY	51.05
	Burial	5/29/	1985 New Cat	chedral Cemeter				ryland
	HUETERE & Sons	2501	Gwynns Falls	Parkway 250 DAT	E REC'D. BY REGISTRAL	256. REGISTRAR'S	SIGNATI	URE
u	meral Home Inc		more, Marylan		7 3 1 1985	The Davido	Jon-Na	Marion

DHMH - 16 60M 7/B4 (VRA 15, 4)

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Baltimore Ciev

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Bolti ore, Mar lan 21216

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219-10-stock irs. Bertine D. Snowers Balto. Md. 21216

ther son neral kont inc.

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M. m. dand

/2/1951 Now Cotoler Concern Litimore, Man Gynns Rolls Regner Selterore, Maryland Dale

Film G604 item6

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	١-	REGISTRAR	0/85 rj	ā		CERTIFIC	CATE OF D	EATH		REG. NO.	•		•
		EASED NAME	FIRST	N	AIDDLE	LAS	ī		2a. DATE OI	F DEATH MONTH	DAY YEAR	2b. HOt	UR
	,,,,,,	OH PHINT?	MINNIE		F.	SE	ARS		5/2	29	83	5:0	00 A
	3. SEX		1	. RACE		5. DATE OF			6 AGE (IN)	(EARS LAST BIRTHDAY)	IF UNDER 1 YEA		R 24 HRS
	F	FEMA LE		WHITE	2	10	23	1899	-8	85 YR:	MONTHS DAYS	HOURS	MIN.
1		THPLACE (STATE	OR FOREIGN 7	L CITIZEN OF V	WHAT COUNTRY?	8.	☐ NEVER N	ABBIED []	9 BALTIMO	RE CITY OR COUN	ITY OF DEATH		
7	Maı	ryland			S.A.	WIDOWED	X DN	ORCED	BALT	IMORE CIT	Y.		MD
1		SALT TMORE		(#F NOT IN SUCI	IOSPITAL, NURSIN H FACILITY, GIVE STREET AN—HAMILT	ADDRESS)			CTYPE OF WOR	OCCUPATION K FOR MOST OF WORKIN Maker		OF BUSIN	ESS OR
ź	13a S		URSING HOME OR O 13 COUNT Balti	Υ	GIVE RESIDENCE BEFORE  13t. CITY OR TOW  Balto. I	'N FI	131. INSIDE CI	TY LIMITS?		ADDRESS / ZIP CO Michigan		1227	
1	14 FA	THER'S NAME		IDDIE	LAST			MAIDEN NA				AST.	
4		UU	1 K N O	M M	tho:			FIRST	N K N	OWN	ı	ASI	
7	16¢ W	'AS DECEASED EV	ER IN U.S. ARM		16h SOCIAL SECU	IRITY NO.	17 INFORMAL	NT		ADDRESS			
-	ĮÝ.	es, no or unknown)	(IF YES, GIVE	WAR OR DATES)	214-74-0	)174	Patrio	cia Sea	rs 49	008 Linda	Ave. 2	1236	
	NO	Conditions, if a gave rise ta cause (a), ste underlying ca	I WAS CAUSED IMMEDIATE  ny, which immediate ating the use last.	BY: CAUSE (a)  DUE TO, OR  (b)  DUE TO, OR  (c)	R AS A CONSCOUL  R AS A	Ch' C	up	fa ay ul	ol NINAL DISEAS	E OR CONDITION	10	DELIMATE INTE	· L
1	CERTIFICATION	19a DATE OF OPE	RATION	19b. CONDI	TION FOR WHICH	OPERATION	WAS PERFO	RMED	20a AUTO		YES, WERE FIND RTIFYING CAUSE YES		TH?
	MEDICAL CER	21a, ACCIDENT WAS OR CONTRIBUTING [ (# EITHER, NOTHY N	CAUSE OF DEAT	216. TIME OF HOUR A./	M. MONTH D	AY YEAR 19	21c. HOW IN.	JURY OCCURE	RED (ENTERNA	NTURE OF INJURY IN ITEM	18 PART I OR PART 2}		
	MEDI	WHILE NOT AT WORK	WHILE WORK	21e. PLACE C (AT HOME, STR	OF INJURY FET, FACTORY, OFFICE, F		211 LOCATIO STREET	N		CITY OR TOWN	COUNTA		STATE
		220 I certify that	eased alive on_	4/29	19	10/1 85 and	that in (mv)	_, 19 <u>83</u>		29 ed an the date and I	. 19 <u>85</u>	, that (1) (	,
		above, (1) (we	+( <del>di</del> d) (did nat)	view the body	after death.		FGRFF					E SIGNED	
		Afr	our	un l	607			TTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN	5/2	29/8	5

shauld be detached for use as the burial-transit permit. Then please remave corban pape with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or remaval

IMPORTANT: If hem 21 is

DHMH - 16 50M 4/83 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Burial

W. FROMM

23c. NAME OF CEMETERY OR CREMATORY Western Cemetery

Baltimore

COUNTY Mary l'and

24 FUNERAL DIRECTOR

21229

O HOSPITAL

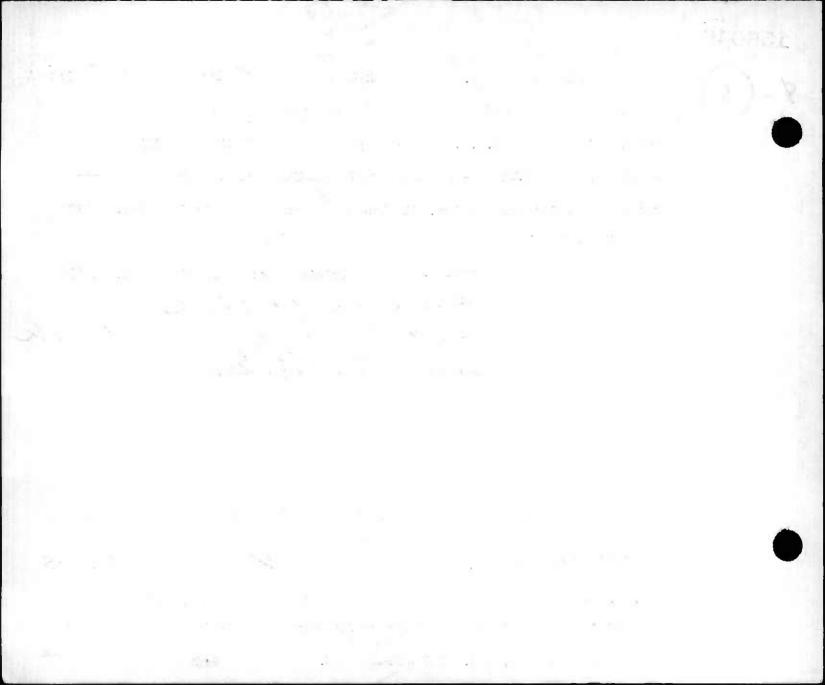
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

23b. DATE

5/31/85

8014 OLD HARFORD ROAD, 21234

25a. DATE REC'D. BY REGISTRAR



160034

N. Poge 4 may be a district, page 3 hour offer death offer

FOR	DEPARTM
STATE	• • • • • • • • • • • • • • • • • • • •

## STATE OF MARYLAND IENT OF HEALTH AND MENTAL HYGIENE

8	5	i	4	i	9	E
	REG. NO.					

1 DECE: 655			CERTIF	ICATE OF DEATH		REG. NO.		
1. DECEASED NAME (TYPE,OR PRINT)	FIRST	MIDDLE		AST	2a DATE OF E			
(1112,0474,141)	reorge	2 W	Se	arist Sk	2.	5	30 85 9	
3. SEX		RACE ) 6:10	5. DATE &	DAY YEAR	/	RS LAST BIRTHDAY)	MONTHS DAYS HOURS	
70. BIRTHPLACE (STATE	ON FOREIGN 7h	CITIZEN OF WHAT C	OUNTRY2 8	99 0			YRS. UNITY OF DEATH	
COUNTRY)	OK FOREIGN 70	USA	MARRIE	D NEVER MARRIED	0 1.		CIL	
Maryland  CITY OR TOWN OF	DEATH I	NAME OF HOSPITA	WIDOWE			more (	1126. KIND OF BUSIN	
0 11:	C-1	(IF NOT IN SUCH EACILITY	GIVE STREET ADDRESS)	al Chami	TYPE OF WORK F	OR MOST OF WORK	KING LIFET INDUSTRY	
USUAL RESIDENCE (E)	& CITY!	Menidian	NUTSING G	WEUC I WILL	Tave	ern Own	er 4 Mile H	
13o STATE	13b. GOUNTY	Y Jaccit	YORTOWN	13d INSIDE CITY LIMI				
Maryland  IL FATHER'S NAME	Balti	more Co	istal	YES NO 13. MOTHER'S MAIDE		enwood	Avenue 2120	
FIRST		DDIE	LAST	FIRSY	1	MIDDLE	LAST 1/	
160 WAS DECEASED EN	100	ED FORCES? 166 SO	CIAL SCUBITY NO	17. INFORMANT	bara	ADDRESS	Lecla	
(YES, NO OR UNKNOWN		WAR OR DATES)	14				ad Assessed Oli	
No		all		Ruth M. Se	grist 4210	Kenwo	od Avenue 21	
18 CAUSE OF DE PART I. DEAT	ATH (Enter only H WAS CAUSED)	one couse per line for BY:	(a), (b), and (c)	0	0	and.	APPROXIMATE INTE	
	IMMEDIATE	CAUSE (o)	etasicuc	ance,	ag the	coron	rV .	
		DUE TO, OR AS A C	ONSEQUENCE OF					
Conditions, if		(b)						
gove rise to couse (a), st		DUE TO, OR AS A C	ONSEQUENCE OF					
underlying couse lost. (c)								
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
NO A	ypulen	sión	COPH	9				
190 DATE OF OR	RATION	196 CONDITION FO	OR WHICH C ENATIO	N WAS PERFORMED	20a AUTOP		IF YES, WERE FINDINGS USE CERTIFYING CAUSES OF DEA	
Ē		1			YES 🗌	NO O	YES NO [	
210. ACCIDENT WAS		216. TIME OF INJUR	Y ONTH DAY YEAR	21c. HOW INJURY O	CCURRED (ENTER NATU	RE OF INJURY IN IT	EM 18 PART I OR PART 2)	
OR CONTRIBUTING	CAUSE OF DEATH	P.M.	19					
214 14 14 10 2000	URRED	21e PLACE OF INJU		23 LOCATION				
21d. INJURY OCC				(1005)		CITY OF TOWN	COHNTY	
<b>"</b>	T WHILE	(AT HOME, STREET, FACTO	ORY, OFFICE, FARM, ETC }	STREET		CITY OR TOWN	COUNTY	
AT WORK	WORK -	I) attended the decease	4.60	STREET	84 , to M	CITY OR TOWN	county , that (I)	
220.1 certify that	(1) (this hospital	I) ottended the deceo:	sed from 100	STREET	84 to M	dy 30	66=	
220.1 certify that	(1) (this hospital	I) ottended the decease	sed from 100 oth.	STREET	84 to M	dy 30	19 &, that (l)	
22a.l certify tho sow the dec obove, (I) (w	(1) (this hospital	I) attended the deceo- WAY 35 view the body after de	sed from 100 19 83 , o	ond that in (my) (our) on DEGREE	onion death occurred	on the date on	19 that (I) and hour and from the causes si	
22a.l certify that sow the dec	(I) (this hospital eased alive an e) (did) (did not)	ortended the decen- MAY 30 view the body ofter de	sed from 100 19 83 , o	DEGREE  ATTENDI PHYSICI  22e ADDRESS	onion death occurred  NG MEDICAL AN DIRECTOR	on the date on STAFF PHYSICIAN [	19 85, that (I) and hour and from the causes st	
220. I certify that sow the decobove, (I) (w 27b. SIGNATURE 22d PHYSICIAN'S	WORK  (1) (this hospital eased alive an e) (did) (did not)  NAME (TYPE ORP	1) ottended the deceo:  MAY 30  view the body after de	sed from 100 19 83 , o	DEGREE  ATTENDI PHYSICI  22e ADDRESS	onion death occurred  NG MEDICAL AN DIRECTOR	on the date on STAFF PHYSICIAN [	19 85, that (I) and hour and from the causes st	
22a. I certify tho sow the dec obove, (I) (w 22b SIGNATURE	(1) (this hospital eased alive ane) (did) (did not):  LUCYA  NAME (TYPE ORP	I) ottended the deceo:  MAY 30 view the body offer de	sed from 19 ooth.	DEGREE ATTENDE PHYSICI 22e ADDRESS ATTENDE 22e ADDRESS ATTENDE 22e ADDRESS	NG MEDICAL AN EDIRECTOR	on the date on STAFF PHYSICIAN [	19 that (I) and hour and from the causes si	
22a. I certify thois sow the decobove, (1) (w 22b SIGNATURE 22d PHYSICIAN'S 22d PHYSICIAN'S 23a BURIAL, CREMATIC	(I) (this hospitol eased alive on e) (did) (did not).  CLE GARA  DN, REMOVAL	I) ottended the deceon MAY 30 view the body offer de PRINTI - SOARCS 230. DATE	oth. 19 8 . o	STREET  STREET  1 3 , 19 , 19 , 19 , 19 , 19 , 19 , 19 ,	NG MEDICAL AN EDIRECTOR ORY 23d LOCAT	STAFF PHYSICIAN (  ON RIDOWN	19 & S., that (I) and hour and from the causes st 22c. DATE SIGNED  BAG. AD.	
22a. I certify thois sow the decobove, (1) (w 22b SIGNATURE 22d PHYSICIAN'S 22d PHYSICIAN'S 23a BURIAL, CREMATIC	(I) (this hospitol ecosed olive on ecosed olive) (did not):  NAME (TYPE ORP  SPARA  ON, REMOVAL  ation	I) ottended the deceo:  MAY 30 view the body offer de	oth. 19 8 . o	DEGREE  ATTENDIO PHYSICI 272e ADDRESS  ATTENDIO PHYSICI 272e ADDRESS  EMETERY OR CREMAT AINE PARK	NG MEDICAL AN EDIRECTOR ORY 23d LOCAT	on the date on  STAFF PHYSICIAN [  AUE:  ION Baltim	19 85, that (I) and hour and from the causes st	

DHMH - 16 50M 4/83 (VRA 15, 4)

LASSAHN FLUERAL

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ALTHOUGH THE THE PERSON . I

injury, or other troumotic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the buriol-tronsit permit. Then places remove corbompope with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, a removal or with the

MPORTANT: If Item 21 is marked or Item 18 shows any

24 FUNERAL DIRECTOR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

18	4171	2	-A	1	(3
Ö	5	1	4	\$	1

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

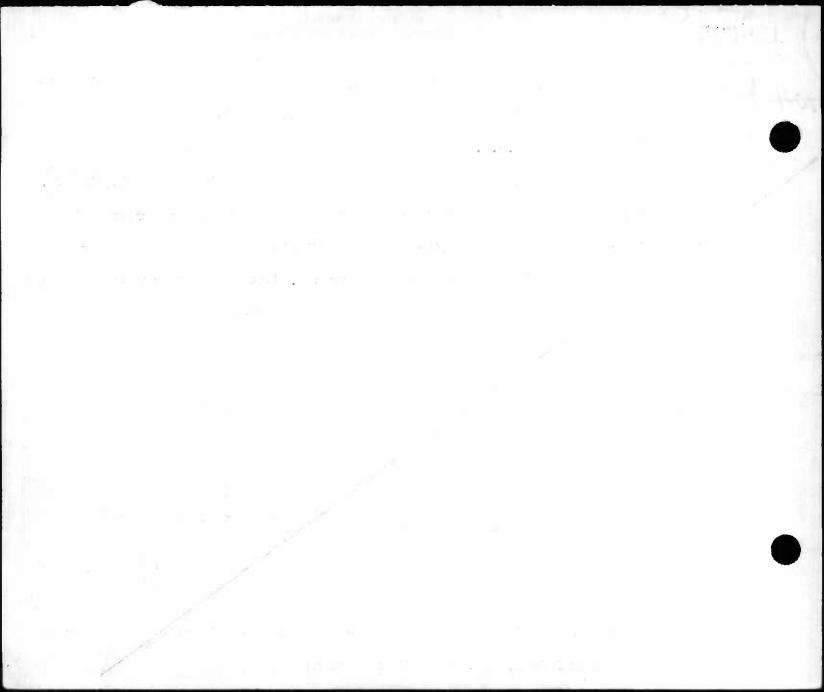
una wurdson Randell

	REGISTRAR			CE1(111	ICAIL OI L		REG	NO.			
	CEASED NAME FIRST	MID	DOLE	Ĺ	AST	1	20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
11176	GEORG	E			SEITZ			05	29	85	10:15 A M
3. SE	X	4. RACE		5. DATE C	F BIRTH		AGE (IN YEARS LAST	BIRTHDAY)		DER 1 YEAR	IF UNDER 24 HRS.
	MALE	WHITE	1175	$\overset{\scriptscriptstyle{MONIH}}{11}$	2	<sup>*E</sup> 14	70	Υ	RS.	DAYS	HOURS MIN.
	RTHPLACE   STATE OF FOREIGN	76. CITIZEN OF WI	HAT COUNTRY?	8.	D NEVER	9	BALTIMORE CITY	OR COL	INTY OF C	EATH	
Ma	ryland	U.S.A.		WIDOWE		VORCED	BALTI	mon	E (	Du	MD.
10 C	TY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSIN		R OTHER INS		20 USUAL OCCUP		12	b. KIND	Tumbing &
	ALTIMORE	GOOD	SAMAG	ATIS	N HOS	THUISE	Plumbing	ST OF WORK	H	eati	ng 60.
	AL RESIDENCE I IF NURSING HOME O		VE RESIDENCE BEFORE  3c. CITY OR TOWI		13d INSIDE C	ITY LIMITS? 1	3e STREET ADDRES	S / 7IP (	ODF		
_	ryland		Baltimo		YES 🔀	NO 🗌	2643 Leh			t	21223
14. F.A	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S	MAIDEN NAME	E MIDDLE			LAS	ST
	Henry		Seitz			Minnie					raus
	VAS DECEASED EVER IN U.S. AF		66 SOCIAL SECU	RITY NO.	17 INFORMA	NT	ADI	DRESS			
. (	YES NO OR UNKNOWN) YES WW	VE WAR OR DATES)	220-09-4	4160	Georg	e N. Se	itz 4110	Fria	r Tuc		
	18 CAUSE OF DEATH (Enter o	nly one couse per lin	ne for (a), (b), and	die						BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSI	ED BY: TE CAUSE (o)	CARDIC	PILL	MOMA	RY /	ARRES	ī			
	IMMEDIA				- 010111		770-7-0	,			
		DUE TO, OR A	AS A CONSEQUE	NCE OF					- 1.		
	Conditions, if ony, which	(b)							_		
	couse (a), stating the	DUE TO, OR A	AS A CONSEQUE	NCE OF					- 1		
	underlying couse lost	(c)									
	PART 2. OTHER SIGNIFICANT	CONDITIONS CON					AL DISEASE OR CO	ONDITION	GIVENIN	PART 10	0 '
CERTIFICATION	REMAL FA	ILURE,	meT	ASTE	ATIC	CA	COLON				
CAT	190 DATE OF OPERATION	196 CONDITIO	on for which	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	20b	F YES, WE	RE FINDIN	NGS USED OF DEATH?
Ĕ							YES TI NOT		YES []	CAUSES	NO [
H.	210. ACCIDENT WAS UNDERLYING	7 216 TIME OF I	INJURY		21c. HOW IN	JURY OCCURRE	D (ENTER NATURE OF I	NJURY IN ITE	w 18 PART I C	OR PART 2)	
	OR CONTRIBUTING CAUSE OF DE	AID	MONTH DA								
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	_	15 4 14 4 1934	19	211 LOCATIO	201					
9	21d INJURY OCCURRED	21e PLACE OF	T, FACTORY, OFFICE, FA	ARM, ETC.)	STREET	514	CITY OF	NWOTS		OUNTY	STATE
_	AT WORK AT WORK										
	220 I certify that U+ (this hosp	ital) attended the		03	106	_ 19_ 8-5	_, to 5/2	9	. 19	8-5	that in (we) last
	sow the deceased alive or above_(+) (we) (did) (did-no		19 6	&5. or	nd that in Lang	(our) opinion de	oth occurred on the	dote one	hour and	from the	couses stated
1	22b. SIGNATURE				DEGREE					22c DATE	SIGNED
		Eli	. yee	4	m.D	TTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF	₹	5/2	19/85
1	22d PHYSICIAN'S NAME (TYPE				22e ADDRES	S -				1.4	00.0
	EDWIN	YEO				GOOD	SAMA	2 × 1	HIO	MC	SPITAL
-							Time contract				
	BURIAL, CREMATION, REMOVAL				EMETERY OR		Baltimo	ŧ	COL	NIY .	Maryland
	Buria1	6/3/85	LLC	nudon	Park C	emeterv	I Baltimo	re		1	Maryland

21229

Hubbard Funeral Home, Inc. 4107 Wilkens Avenue

DHMH - 16 50M 4/83 (VRA 15, 4)



130534	1	3	0	5	7	4
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the by the futeral director. Se filed within 72 hours after

be executed within 24 hours

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

8	5	-	4	1	9	6
	DEC NO					

1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10			
	CEASED NAME FIRST		MIDDLE	- 1	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26. HOUR	
1	MA	RGARET	- P.	9	EITZ		5	85	25 F	
1, SE		4 RACE	1.	5. DATE C		6 AGE (IN YEARS LAST BE		UNDER 1 YEAR	IF UNDER 24 H	
	Temale	V	Vhite	4	3 17	68	YRS	UA13	NOOKS M	
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	B. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	FDEATH		
	MP	0	SH	WIDOWE		Ba	Chmo	re (id	ty	
10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		ROTHER INSTITUTION	120 USUAL OCCUPAT		126 KIND OF	BUSINESS	
	Baltimore	an	iv. Of 1		Hospital	unempto	ouea.	House	wife	
	AL RESIDENCE IN NURSING HOL	ME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE -			
	IND	-BA4	BALT	1-	YES NO	I W. CON	JWAT S	11 # To	08 5	
14. FA	ATHER'S NAME	MIDDLE	, LAST		15 MOTHER'S MAIDEN NA	ME		avári. T		
9	eonge	W.	Laneha	nt	georgian	na		10	rylon	
	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR		Md.	21227	
n	0		219-10-7	349	Larry Horton	. 4002 Twin	. (incle	: Way,	Balto	
	18 CAUSE OF DEATH (Ent		BETWEEN O	NATE INTERVAL						
	PART I. DEATH WAS CA	DIATE CAUSE (a)	Card	cac 1	arrest					
	1 To 1 To 1 To 1	DUETO	R AS A CONSEQUE	NCE OF						
	Canditians, if any, which		Voa	truci	lar Dru	thruch		900	new	
	gave rise to immediate									
	cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last									
	(c)									
2	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
CERTIFICATION		1984.								
2	190 DATE OF OPERATION	195 COND	196 CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
1	-						YES [		NO [	
18	218. ACCIDENT WAS UNDERLYING	LIGHT A	OF INJURY OCCURR  A.M. MONTH DAY YEAR			RED (ENTER NATURE OF INJU	RY IN ITEM IB PART	I OR PART 2)		
3	OR CONTRIBUTING CAUSE O	PEATH	M,	19						
MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F		211 LOCATION	CITY OR IG	)WN	COUNTY	STATE	
12	NOT WHILE AT WORK	(AT HOME, SI	TEET, PACIONT, OFFICE P	ARM, ETC)						
	220.1 certify that (I) (this I	aspital) attended th	e deceased fram_		3-5 19 8	10 5-5	. 19	25 11	hat (I) (we)	
	saw the deceased aliv	sow the deceased alive an sometime and some some some deceased from the courses stated above, (1) (we) (did) (did not) view the body after death.								
	22b. SIGNATURE	d not) view the body	atter death.		DEGREE			22c. DATE S	SIGNED	
	1 / Inmla	1/0011	ATTENDING _ MEDICAL _						1	
-	22d. PHYSICIAN'S NAME (	LOSA.	just pl	11)	PHYSICIAN E	DIRECTOR PHYSI	IAN	1 0/0	/8J	
1	A COOL	Mapo			THE APPRESS	1 020	0	01	1	
_	ANGPLA	WKR	1N		I Univer M	a. 11 201	meene	1+rea	251,	
	BURIAL, CREMATION, REMO	, ,	-	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		OMNTY	ASTATE	
	Burial	5/7/1	985 Me	adown	idae Mem. Pk.	Elknidge	, Howan	d, Ma	inulan	
24. FI	UNERAL DIRECTOR	R	elto. sported			TE REC'D. BY REGISTRA	25b. REGISTRA	R'S SIGNATU	JRE	
Me	Cully Finena	Homes 22		- /	AND MAY	Q 100E	. a Jain	dron Ra	nde Po	
Mc	Cully Funera	1. Homes 23		insco	Ave. MA)	8 1985	. a Vair	idson-Ra	ndelle	

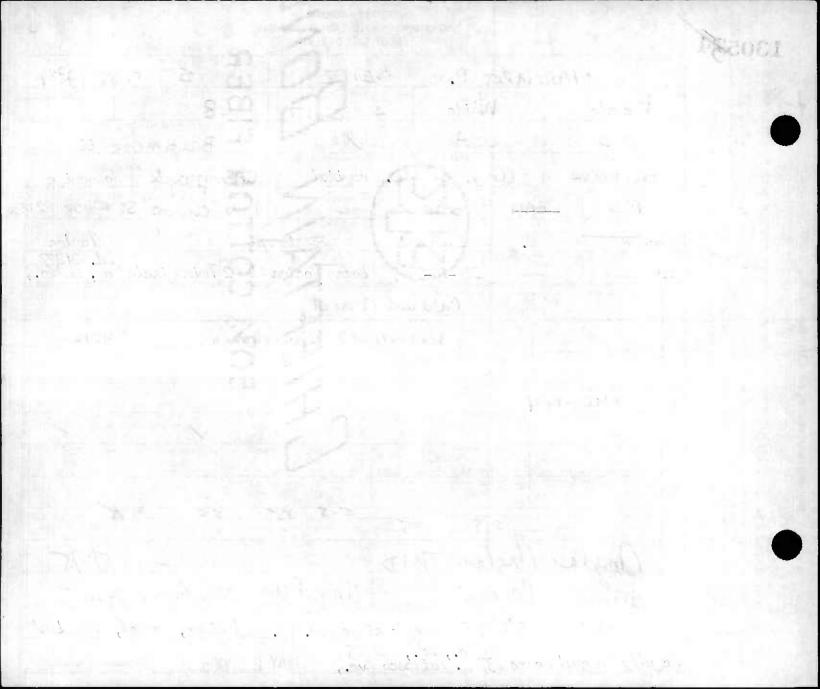
DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DISECTOR, After this certificate has been signed by the attending physician and should be detached for use as the busial-transit permit. Then please remove carbon papers. Page with the State Dept. of Health and Merital Hygiene prior to busial comution, or removal

ATTENDING PHYSICIAN, The law requires that the

etained by the hospital or attending physician

TO HOSPITAL



10	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE S  CERTIFICATE OF DEATH  REG. NO.							
	ECEASED NAME FIRST	WIGDLE	LAST .		DAY YEAR 26 HOUR P				
) ["	JOSHI	IA M.	SELLERS	MAY 23, 1985	4:41 м				
3. St		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS				
27	hale	Black	MONTH 20AY 8YEAR	YRS	MONTHS DAYS HOURS MIN.				
70. E	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? USA	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY					
	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION ADDRESS) DPKINS HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY				
7 13a,	STATE US COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE UTY 134 CITY OR TOW  TO COLUMN	N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 5353 Brookwa					
50)	Victor	MiDOLE Selle	2 10 10 100 100 1	A .	Newson				
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES?  E WAR OR DATES)  166 SOCIAL SECU	rity no. 17 Informant Victor M.S.	ellers 5353 Br	ookway #4				
/23/85		ly one couse per line (a) (b), one DBY:  E CAUSE (a)  DUE TO, OR AS A CONSEOUE  (b)	AC ATTEST		BETWEEN ONSET AND DEATH 30 necessity 2 hours				
<b>3</b>	cause (a), stating the underlying cause last	10	ne Membrane Dis	Case or Pheumin	& Thours				
NOIL	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  2 Live / Tremature Lintout  196. Date of Operation 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 1206 AUTOPSY? 1206 IF YES, WERE FINDINGS USED								
CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	WERE FINDINGS USED YING CAUSES OF DEATH? S \( \text{NO} \)				
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	YEAR	RED (ENTER NATURE OF INJURY IN ITEM TB P	ART : OR PART 2)				
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, F.	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE				
		tol) oftended the deceased from	, 19 , ond that in (my our) opinion	death accurred on the date and hou	19 (we) lost r and from the causes stated				
	PEW /	Kund	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAFF	\$ 12 485				
/	22d PHYSICIAN'S NAME (TYPEO	10	mi) TOHNSO	LEPKITES ST. B	ALTO MD. 21				

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/B4

24 FUNERAL DIRECTOR Chathan-Harris FH 1701 APPResculloh St. (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

(SPECIFY)

5/28/85

23b. DATE

Westview Cremator

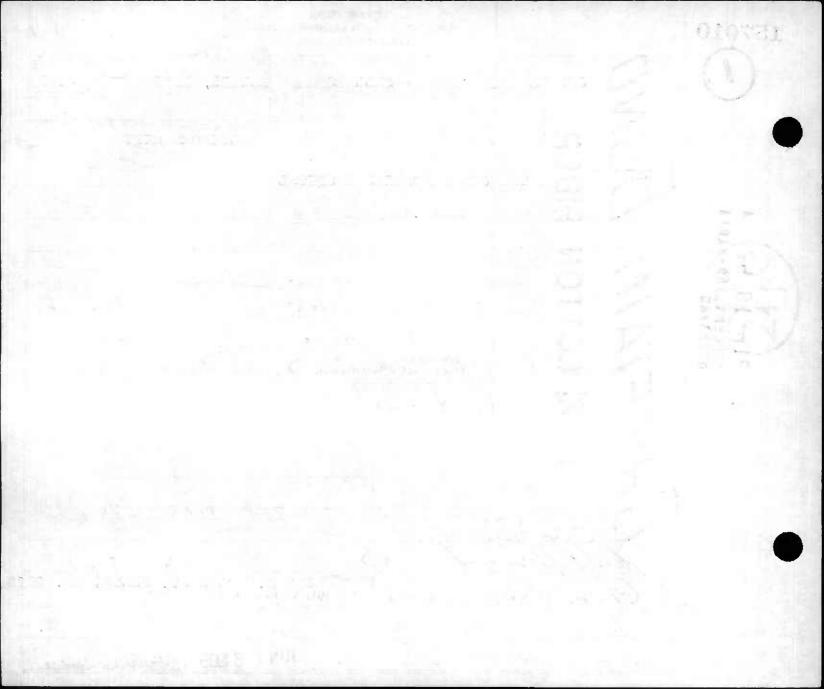
23d LOCATION Catonsville

MATATE

MD. 2120

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

JUN 0 3 1985 Julia Davidson Randore



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARYLAND 21201	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbanaparers. Pages Land 2 should be filled within 72 name that the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.
DIVISION OF VITAL RECORDS, 201 W	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that etained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove corban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, as removal.

injury, ar other traumatic event, the medical

IMPORTANT: If Item 21 is marked or Item 18 shaws

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	he.	3
0	3	1
	DEC NO	

Md .

1.	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HY	GIENE 8	5	-	4	9	8
I DE	CEASED NAME	FIRST		MIDDLE	- ·	AST	2g. DATE O	REG. N		AY YEAR	2b. HOUR	
(TYP	E OR PRINT)	LVIN		m	CT	PARTE T			3005			
3. SE			RACE	Т.	5. DATE C	WELL	MAY		1985	F UNDER I YEAR	9:45]	
J. JE	^	7.1	KACE		MONTH		AGE (IN	TEARS LAST BIT	_	ONTHS DAYS	HOURS M	AIN.
2 0	Male		Bla		6	8 55		29	YRS			
	IRTHPLACE (STATE ORFI	OREIGN 7b	CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMO	ORE CITY S	OR COUNTY	OF DEATH		
	ryland		U.S		WIDOWE				RE CI	TY,		MD.
70 C	ITY OR TOWN OF DEA	TH 111.		HOSPITAL, NURSIN THE FACILITY, GIVE STREET		OR OTHER INSTITUTION	126 USUAL		ON OF WORKING LIFE		OF BUSINESS	OR
E	BALTIMORE		CHURC			TAL	(			, II ADOUGHAN		
13a. Ma	AL RESIDENCE (IF NURSI STATE Aryland ATHER'S NAME	IS COUNTY	ER INSTITUTION	GIVE RESIDENCE BEFORE	N	13d. INSIDE CITY LIMITS? YES XX NO  15 MOTHER'S MAIDEN N.	144	ADDRESS E.	/ ZIP CODE Eage:		21205 eet	
14 17	FIRST	MID	DLE	LAST		FIRST		MIDDLE		LA	ST	
	Preston	E		Sewell		Frances	(	Corne		Rol	lins	
	WAS DECEASED EVER	IN U.S. ARME		16b. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDR	ESS			
7	YES .			218-60-	-7233	Frances C	. Rey	nold	s 946	N Du	rham .	St.
	Canditions, if any, gave rise to imm cause (a), stating underlying cause	nediate g the	(b)	R AS A CONSEQUE ALCOHOI  R AS A CONSEQUE	LIC I	JIVER DISEA	SE					
NO	PART 2 OTHER SIGN	IFICANT COM	NDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	E OR CON	IDITION GIVE	N IN PART I	0	
CERTIFICATION	196. DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTO	DPSY?			NGS USED S OF DEATH?	
MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	21b. TIME O HOUR A. P.	M. MONTH DA	YEAR	21c HOW INJURY OCCUI	RED (ENTER NA	ATURE OF INJU	IRY IN ITEM 18 PA	RT   OR PART 2)		
EDI	21d INJURY OCCURR	ED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	4814 FTC I	211 LOCATION		CITY OR TO	)WN	COUNTY	STATE	F
Σ	AT WORK NOT WHE	ILE	(AI HOME SI	REEL, PACTORY OFFICE, F	ARM EIC J	JACET						
	220. I certify that X saw the decease abave, (I) (we) (d				MAY 9	, 19 85 and that in XXX (aur) apiniar	ta MZ		ate and haur	9 <u>85</u> , and fram the	that (IXwe)	
	22b. SIGNATURE				3	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STA		22c. DATE	SIGNED	
	22d PHYSICIAN'S NA			D.		22a ADDRESS	URCH I	HOSP	ITAL	DE MI	212	21

Garrison Forest VA Owings Mills,

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR Wm C March F/H Inc. 1101 North Avenue MAY

23a. BURIAL, CREMATION, REMOVAL

BURIAL

23b. DATE

5/31/85

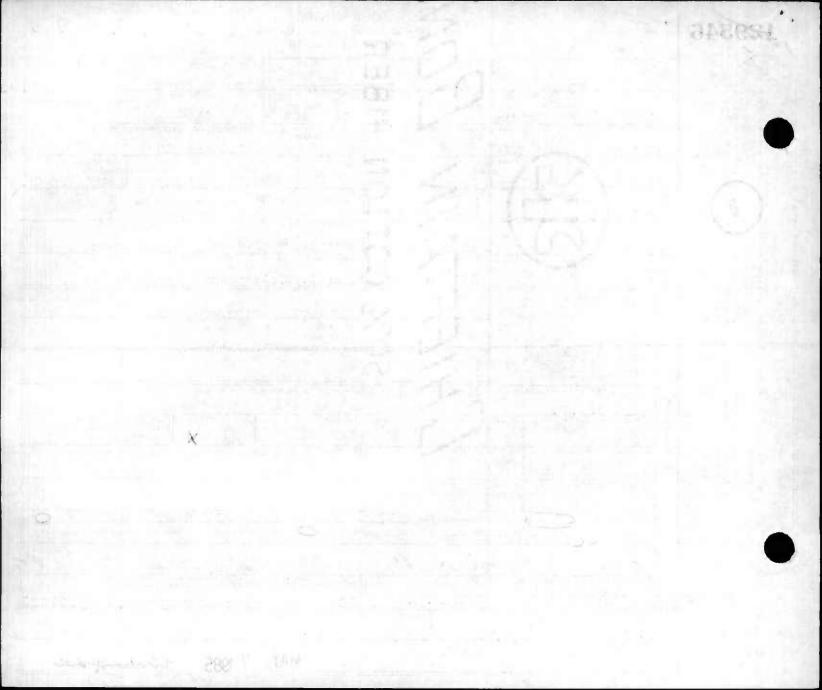
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate Le recourse entities retained by the hospital or attending physician.
	SPIT d by
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FOR - STATE REGISTRAR

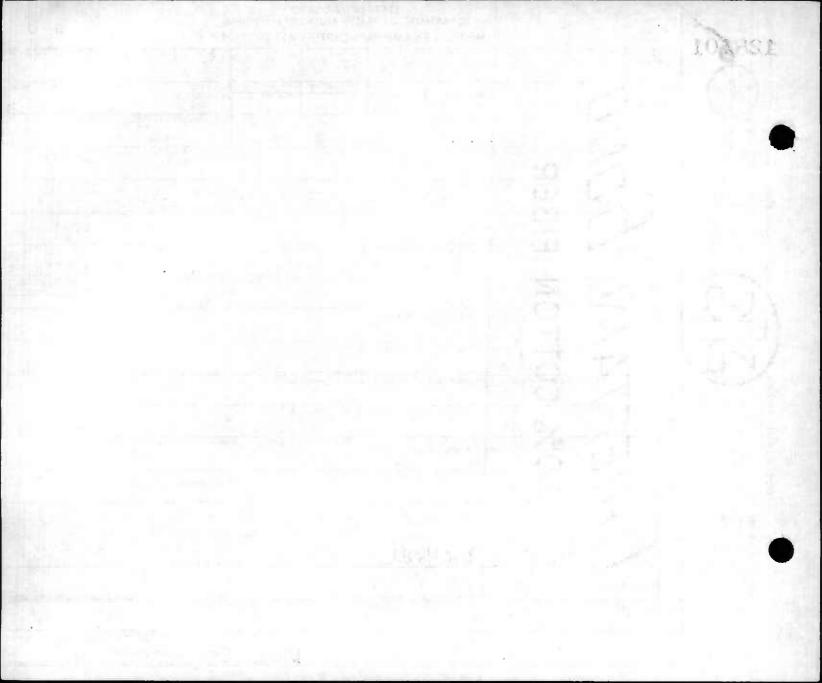
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STATE OF MARYLAND EPARTMENT OF HEALTH AND MENTAL HYGIENE		8	.5		1	4	ì	ξ,	)	130
CERTIFICATE OF DEATH			REG. N	NO.						
LAST	2a DA	TE OF	DEATH	MONTH	D	AY	YEAR	2b. H	OUR	

	DECEASED NAM	E FIRST		WIDDLE	ı	AST	20 DATE OF DEATH	нтиом	DAY YEAR	26 HOUR	
		WARRE		В.	SHZ	KESPEARE	MAY 3 ]	985	AF THE PAGE TO THE PAGE TO	4:29	
10	SEX	3	1. RACE		S. DATE C	DAY YEAR	AGE (IN YEARS PAST		MONTHS DAYS	HOURS	
	Male		White		2	14 20	65	YRS			
870	BIRTHPLACE (	STATE OR FOREIGN	76. CITIZEN O	F WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH		
	Maryland		USA		WIDOWE	D DIVORCED	Baltimore	City			
201	CITY OR TOWN	OF DEATH		HOSPITAL, NURSIN		PROTHER INSTITUTION	12a USUAL OCCUPA		12b. KIND OI E) INDUSTRY	BUSINE	
	Baltimor	e		Hospital	10011000		Police Of		Baltim	ore	
	SUAL RESIDENCE	(IF NURSING DAE OR		13c. CITY OR TOW		13d. INSIDE CITY LIMITS?					
(12)	Marvland	Balti		Dundalk		YES NO X	13e.STREET ADDRESS / ZIP CODE 3454 Yorkway 21222				
	FATHER'S NAME				12	15. MOTHER'S MAIDEN NA		way 2			
1-10	Raymond		MIDDLE	hakespeare		1 112			Voice		
The second second		D EVER IN U.S. AR				17 INFORMANT	ADD	RESS	voice		
9//	TYES, NO OR UNKNO	OWN) (IF YES GIV	E WAR OR DATES)	100			alternative General 12				
2	Yes	WW	TT	219-07-42	228	Helen C. Shal	kespeare	Same	as 13e		
nt, th	18 CAUSE O	F DEATH (Enter on EATH WAS CAUSE	ly one cause po	er line for (a), (b), and	d (c)				APPROXIA BETWEEN O	NSET AND	
eve	IMMEDIATE CAUSE (0) RESPIRATORY FAILURE										
offic	DUE TO, OR AS A CONSEQUENCE OF (STROKE)										
rion, mon	Conditions, if ony, which ( 16) CEREBRAT, VASCUITAR ACCIDENT										
emolemon er fr	gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF										
L' cre	underlying	cause last.	(6)	DK AS A CONSEQUE	INCE OF						
orrio V, or	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEA								EN IN PART 10		
d of miles	5	C.H.F.			300						
Aygiene prior to	19a DATE OF		196 CONDITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY?	20b. IF YES	, WERE FINDIN	GS USED	
e s	4								IFYING CAUSES OF DEATH		
6 8	21a, ACCIDENT	WAS UNDERLYING	21b. TIME	OF INJURY		21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN				
	00.00012010112	ING CAUSE OF DEA	III.	A.M. MONTH DA							
nd Mentol	21d INJURY	TIFY MEDICAL EXAMINER		P.M. E OF INJURY	19	21f LOCATION					
nd A	WHILE I			TREET, FACTORY, OFFICE F.	ARM, ETC )	STREET	CITY OR	TOWN	COUNTY	SI	
ork ork		NOT WHILE AT WORK									
is a leaf				the deceased from $oldsymbol{1}$		. 19 85	, ta_MAY		19_85 1		
2 of 2	sow the obove, (I	deceased alive on	MAY bol	y diter death. 19-	<del>35—</del> , ar	id that in (my) our apinion	death occurred on the	date and hou	r and fram the c	ouses sta	
hem hem	226 SIGNATU				_	DEGREE			22c. DATE S		
T F	1-1	h /Y	ason	n m.	12.	ATTENDING PHYSICIAN [	MEDICAL ST	AFF SICIAN TO	15/	5/	
TANT: I	22d. PHYSICIA	AN'S NAME (TYPE O	R PRINT)			22e ADDRESS CHURC			RPORAT	TON	
<b>Ž</b> ŽXKHX	м дт	HA.T.TOA	NA 7	EMI M.D.							
5 5		ATION, REMOVAL				L 100 NORTH	PROADWAY	BALT	O., MD	.21	
	(SPECIFY)	ATION, REMOVAL					CITY OR TOWN		COUNTY	51	
	Burial		5/6/8		k Law	Cemetery	Baltimo	re	Man	cylar	
60M 7/B4	FUNERAL DIRECT	Duda-1	Ruck Fu	neral			E REC'D. BY REGISTRA	1			
5, 4)	Home of			7922 Wise	Δυτο	21222 MAY	1985	Ten Davi	dean-Rand	282	



X	11-	FOR STATE	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG NO. 4 2 0 0						
128501	1. DE	REGISTRAR CEASED NAME FIRST E OR PRINT) SAF	MIDDLE LAST 24 DATE KNOWN W MONTH DA OF ESTI-						
PLEA DIRECTOR OUT TO HOUR	3. SE)		5. DATE OF BIRTH	YEAR 25 6 AGE (IN YEARS LAST BIRTHDAY) 60 YRS.	IF UNDER LYR. TIE LINDE		5-1-85 19 11:0		
S NECESSA FUNERA E 5 FOR W. PREST	V	RTHPLACE (STATE OR REIGN COUNTRY)  1 rginia  TY OR TOWN OF DEATH	U.S.	76. CITIZEN OF WHAT COUNTRY?  U.S.A.  **MARRIED   NEVER MARRIED   PALTIMORE CITY OR COUNTRY OF WIDOWED X DIVORCED   Baltimore City or Country OF COUNTRY OF WIDOWED X DIVORCED   Baltimore City or Country OF COUNTRY OF WIDOWED OF WID					
MD. 21201 TH. IF ANY DELAY IS N 1, 2, AND 3 TO THE FU M 3. RETAIN PAGE 5 D 2 SHOULD BE FILED, INAL RECORDS, 201 W	USUA	Baltimore AL RESIDENCE (IF IN NURSING HOME	2109 SUME	CUTTONET Street		FOR MOST OF WORKING LIFE)			
MD. 21201 H. IF ANY 2, AND 3. RETAIL 2. SHOULD 2. SHOULD 2. SHOULD	<b>-</b>	Aryland	MIDDLE	Baltimore	2 YES X NO C		1oh St. 21217		
201 W. PRESTON ST., BALTIMORE, UTED WITHIN 24 HOURS AFTER DEA EIN PENCIL IN ITEM 18. GIVE PAGES RAMINER ALONG WITH FORM, PRAL-TRANSIT PERMIT. PORMIT PERMIT. PERMOVAL.	16a V	Irie  VAS DECEASED EVER IN U.S. AI ES, NO, OR UNKNOWN)   (IF YES, GIV	P	e w	Agnes O. 17. INFORMANT	ADDE			
	-	(IF YES, GIV NO (IF YES, GIV 18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSI					2109 McCullohS  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		IMMEDIA Conditions, if any, which gave rise to immediat cause (a) stating the <u>under</u> lying cause last.	(b) a DUE TO, OR	AX A XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		cular disease			
VITAL RECORDS, 201 SHOULD BE EXECUTED ORD "PENDING" IN IN INFERDING" IN INTERF MEDICAL EXA EXA BURIAL TO F HEALTH AND MURIAL, CREMATION,	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITION		BUT NOT RELATED TO THE TERMINAL		PART 1 (o).	20 AUTOPSY?		
NVISION OF VIT. CERTIFICATE SHE BITING THE WORL DED TO THE CH E 3 SHOULD BE UE COEPARIMENT O DI PRIOR TO BUR	CAL CERTIF	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		MONTH DAY YEAR	21c. HOW INJURY OCCURR	RED TENTER MATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)		
DIVISION  BE THIS CERTIFIC  ATE, WRITING THORWARDED TO  ORWARDED TO  WE PAGE 3 SHOLUS  TO 21201 PRIOR	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE STREET, FAC	OF INJURY (AT HOME, CORY, FARM, ETC.)	If LOCATION STREET	CITY OR TOWN	COUNTY STATE		
KAMINER: ERTIFICATE D 8E FORV IRECTOR: WITH THE S ARYLAND,		ACTUAL SIGNATURE	ural causes X.	Accident , Suicid	M.D. Assistar	Undetermined manner [	and in my apinian  ,  DATE 5-1-85 SIGNED		
TO MEDICAL E. EXECUTE THE O PAGE 4 SHOUL TO FUNERAL AFTER DEATH. BALTIMORE, M.		(TYPE OR PRINT)URIAL, CREMATION, REMOVAL	23b. DATE	Korell, M.D.	ADDRESSERY OR CREMATORY	Penn Street	COUNTY STATE		
07/84 25M BP	24 F	BURIAL UNERAL DIRECTOR NAME C MarchF/H	5/8/85 Inc. 11			DEC'D BY DECACEDAD 1966 F	de 1 Co, Md. REGISTRAR'S SIGNATURE LANGUAGE LANG		



nerol director, page 3 n 72 haurs after death

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A A	The
VISION OF VILAL RECORDS, 201 W. PRESION ST., BALLIMORE, MARTIAND 2170	PHYSICIAN
A CO	ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter
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FOR
- STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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5	1	dian)	Com	U	
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REGISTRAR	,	CERTIF	ICATE OF DEATH	REG. N	0.		
1 DECEASED NAME FIRST	MIC	DDLE	AST		MONTH DA	Y YEAR	26 HOUR
	HONY -	SI	HANTA	MAY 4, 19	985		6:15 m
3. SEX	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
MALE	WHIT			86	YRS.	DATE	MIN.
7a. BIRTHPLACE   STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	D NEVER MARRIED 🔀	9 BALTIMORE CITY	R COUNTY C	OF DEATH	
CZECH.	U.S			BALTI	MORE C	CITY	MD.
10. CITY OR TOWN OF DEATH		SPITAL, NURSING HOME (	OR OTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS OR
BALTIMORE		S SCOTT KEY	MED, CEN.	SELF-EMPI			RENTAL
SUAL RESIDENCE (# NURSING TOME 130. STATE TOWN CO	UNTY	IVE RESIDENCE BEFORE ADMISSION)  3c. CITY OR TOWN  BALTIMORE	13d. INSIDE CITY LIMITS? YES NOX	13e STREET ADDRESS 1515WILSON		RD. 2	21220
14. FATHER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIDEN NA	AME		LAS	
JOSEPH		SHANTA	MARIE	MIDDLE	KI	EISNI	
160 WAS DECEASED EVER IN U.S.	ARMED FORCES?	66 SOCIAL SECURITY NO.	17 INFORMANT	ADDRI	SS 712	N. (	CURLEY
NO NO OR UNKNOWN] (IF YES,	GIVE WAR OR DATES)	213-88-9877	ALBERT SH	ANTA (BRO	THER)		L205
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	DUE TO, OR , (c)	AS A CONSEQUENCE OF		MINAL DISEASE OR CON  200 AUTOPSY?  YES   NO	20b. IF YES,	WERE FINDIN	NGS USED
21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF UF EITHER NOTIFY MEDICAL EXAMI 21d. INJURY OCCURRED WHILE NOT WHILE	DEATH HOUR A.M. P.M. 218 PLACE OF	. MONTH DAY YEAR	21c. HOW INJURY OCCUR		RY IN ITEM 18 PAR		STATE
22e. I certify that (i) (this has sow the deceased alive above, (i) (we) (did) (did) (27b. SIGNATURE)	Avall	19, or	22e ADDRESS		FF	22c. DATE	
230. BURIAL, CREMATION, REMOV (SPECIFY) BURIAL			EMETERY OR CREMATORY MIAN NAT'L	23d LOCATION CITY OR TOWN BALTI		COUNTY	MD.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cashauld be detoched for use as the burial-transit permit. Then please remove corban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

etoined by the haspital ar attending physician.

BP.

injury, or other troumotic e-

or Item 18 shows any

IMPORTANT: If Hem 21 is

3331 Brehms Lane, Balto. Md. 21213

25MATE REC'D BY BEGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

#### FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

NE	8
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REG. NO.

4202

1	1. DECEASED NAME FIRST	WIDDLE	l.	AST	2a. DATE OF DEATH	MONTH DA	AY YEAR	2b. HOUR
	(TYPE OR PRINT) Ethel	A.	Sh	naver		5 26	85	_ M
	3. SEX 4. R	RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT		F UNDER 1 YEAR	IF UNDER 24 HRS
	Female W	hite	7 MONTH	25 11	73	YRS.	ONTHS DAYS	HOURS MIN.
1		CITIZEN OF WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OF		OF DEATH	
2	West Virginia	USA	WIDOWE		Baltimore (	City		MD.
1		. NAME OF HOSPITAL, NURSING	G HOME C		12a. USUAL OCCUPATION	ON		F BUSINESS OR
	Baltimore / Fr	rancis Scott Ke		lical Center	Housewife	WORKING (IFE)	Home	
ø	USUAL RESIDENCE (IF NURSING HOME OR OTH 130. STATE J136 COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)		13e STREET ADDRESS /	7ID CODE	1	
7	Maryland Baltime			YES NO X	4223 Darnal		21236	5
ij	14. FATHER'S NAME			15. MOTHER'S MAIDEN NAM	AE			
1	John W.	Smith		Anna	A.		Bowma	
2	160. WAS DECEASED EVER IN U.S. ARMED		RITY NO.	17. INFORMANT	ADDRE	SS		
6	(YES, NO OR UNKNOWN) (IF YES, GIVE WA	234-03-08	378	Betty J. Lill	y 59 Wise	Ave.	21222	2
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENT (b) DUE TO, OR AS A CONSEQUENT	ne	A arte	vio sole	n C(	20	
	PART 2. OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	ITION GIVE	N (N PART III	0'
1	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH (	OPERATIO	N WAS PERFORMED	20m AUTOPSY?		WERE FINDIN	
	DI-				YES T NOT	IN CERTIFY YES	ING CAUSES	OF DEATH?
		2 lb. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	RI I OR PARI 2)	
	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTHY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC )	211 LOCATION STREET	CITY OR FO	WN	COUNTY	STATE
	228. I certify that (I) (this haspital) saw the deceased alive an above, (I) (we) (did1 (did not) vi  228. SIGNATURE	19	, or	, 19 nd that in (my) (our) opinion o				
	num	M'CV'		ATTENDING	MEDICAL STAF		51	29(81-

BP.

O HOSPITAL

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: should be detached for us with the State Dept. of He

MPORTANT

230/BURIAL, CREMATION, REMOVAL 230. DATE (SPECIFY)
Burial 5/30/85

7922 Wise Ave.

24. FUNERAL DIRECTOR

22 PHYSICIAN'S NAME (TYPE OR PRINT)

Gracito Patricio

Duda-Ruck, Inc.

23c. NAME OF CEMETERY OR CREMATORY

Gardens of Faith

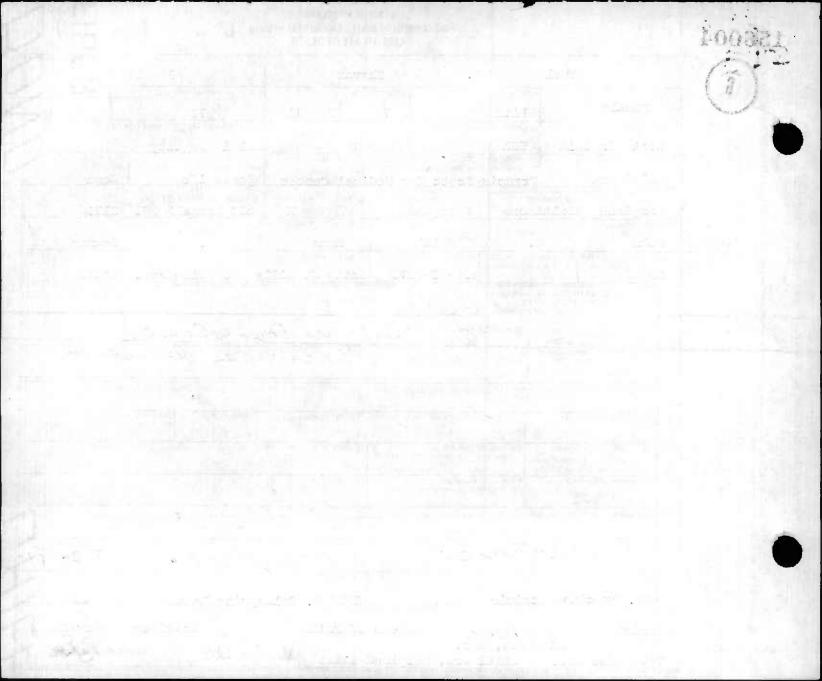
Baltimore, Maryland 21222

22e. ADDRESS

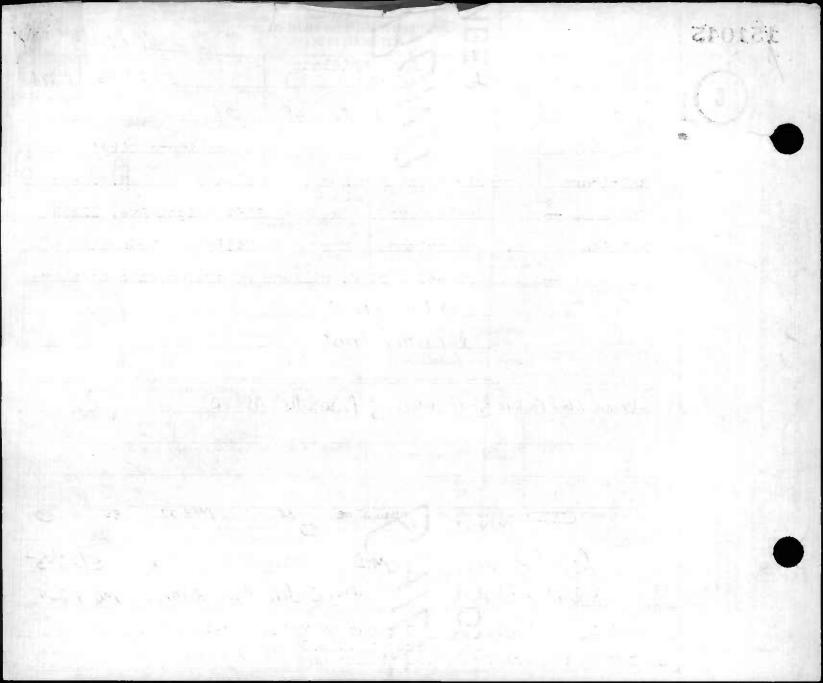
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Baltimore Maryland

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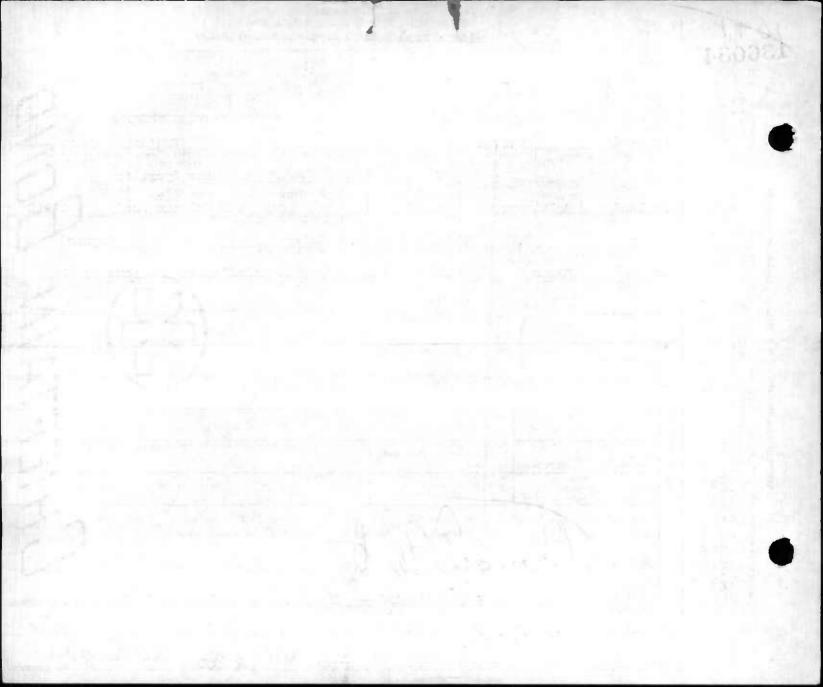


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45	1-	FOR STATE REGISTRAR	DEPAR	CERTIFICATE O		GIENE 👸 🖒	806043
E OF		CEASED NAME FIRST OR PRINT)	MIDDLE	AKA: Shif	lett	2a DATE OF DEATH	MONTH DAY YEAR 26 H
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	1 SE	(	4 RACE	5. DATE OF BINTH	Wr. A	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS HOU
1		Female	Caucasian	04 24	48	37	YRS.
-		RTHPLACE   STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR		ED ALABBIED ST	9 BALTIMORE CITY O	
50		Maryland	USA	WIDOWED	DIVORCED	Baltim	ore City
Pa	10, CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR!		INSTITUTION	120. USUAL OCCUPATION	ON 12b. KIND OF BUS
notified		Baltimore	Francis Sco		en	Binder	H.S.Cro
e o	USU	AL RESIDENCE HE NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)	DE CITY LIMITS?	13e STREET ADDRESS /	
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e -	14. FA	THER'S NAME			ER'S MAIDEN NA	AME	HE AVE, ZIZU
50		FIRST	MIDDLE LAST	Ma	FIRST	Eiliene	Federline
a	16a V	William VAS DECEASED EVER IN U.S. AI			rmánt	ADDRE	
medical			VE WAR OR DATES)				
an a		No		5-2033 M.	Wiliene	e Robertso	n, same as ab
event, the		18 CAUSE OF DEATH (Enter of	nly ane cause per line for (a), (b), ED BY:	and (c).)	£.		APPROXIMATE I BETWEEN ONSET
> 0			TE CAUSE (a) Card	ac ATYRSI			
ofic			DUE TO, OR ASAA CONSEC	NIENCE OF			
froumotic		Canditions, if any, which	// 1	atory Arres	+		
		gove rise to immediate	)		-		
other		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	DUENCE OF			
ŏ			(c)				
injury,	z	- 1	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELA	TED TO THE TERM		OITION GIVEN IN PART 110
	CERTIFICATION		Failure (R)CVA m	receive Pori	tenus	ASCVD	20b. IF YES, WERE FINDINGS U
yoo swa	2	19a DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PE	KFORMED	Zua AUTOPST:	IN CERTIFYING CAUSES OF D
Swor /	E					YES NO	YES NC
8 2		21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING   CAUSE OF DE		DAY YEAR 21c HOV	A INJURA OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM TO PART I OR PART 2)
tem /	MEDICAL	LIF EITHER, NOTIFY MEDICAL EXAMINE	Ain	19			
ž	ă	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOC	ATION	CITY OR LOV	wn COUNTY
morked	Σ	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC ) 51	.KEE1	CITY OR TO	VA COUNT
			L	April 27.48	19.85	10 May	27 19 85 that (
50		saw the deceased alive of	of attended the deceased from	9		, , ,	19.85, that ( ite and have and from the cause
n 2]	-	above, (I) (we) (did) (did no	at) view the bady after death.		my) Cour opinion	dearn occurred on the ad	re and have and from the cause
E .		226. SIGNATURE	+1-1	DEGREE			22c DATE SIGN
=		Robber	1 takes	M.D.	ATTENDING PHYSICIAN [	MEDICAL STAF	
MPORTANT		224 PHYSICIAN'S NAME LITYPE	OR PRINT	22e. ADD			4 01011
2		Pahant	Exhau	Had	of day	Mrs. Day	100 AAA 215
¥ -		Kobert	1/3/14	7770	Casier	TVE. Sala	unus My de
		SURIAL, CREMATION, REMOVAL		NAME OF CEMETERY		23d LOCATION	COUNTY
		Burial	5/29/85	Gardens c	of Fait	h Balto,	Md.
12	24. FL	JNERAL DIRECTOR	Ra	1to. Md. 21	213 25a. DA	TE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNATURE
/83	S	CHIMUNEK FUN	ERAL HOME, 33	31 Brehms	La M	AT 28 1985	Cistia Davidson-Man
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STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURFICE.

MAY 2 9 1985

1	FOR STATE REGISTRAR			OF HEALTH AND MENTAL HY		4 2 0 5
	CEASED NAME FIRST LA	YTON	RUMSEY	SHIPLEY	REG. NO.  20. DATE OF DEATH MONTH	76 85 5;05PM
3 SE	Male	4 RACE Whit		TE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
70 B	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?		9 BALTIMORE CITY OR COUNTY	/ OF DEATH
We	st Virginia	U.	S.A. WIDO	RRIED TO NEVER MARRIED DIVORCED DIVORCED	Baltimore Ci	
В	altimore	VAMO	BALTO,		120 USUAL OCCUPATION (14PE OF WORK FOR MOST OF WORKING LIE SUPERVISOR	PEI IZE KIND OF BUSINESS OR INDUSTRY American Oil
13a.	AL RESIDENCE (IF NURSING HOME STATE 13b, COI	OR OTHER INSTITUTION UNITY	Baltimore	YES NO [	13e STREET ADDRESS / ZIP CODE 1610 Ceddox Ste	et 21226
14 F	ATHER'S NAME Charles	WIDDLE	Shipley	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
16a \	WAS DECEASED EVER IN U.S. A	ARMED FORCES? GIVE WAR OR DATES)  II	212-01-7267		ADDRESS hipley Same a	
	18 CAUSE OF DEATH LEnter PART I. DEATH WAS CAUSE IMMEDI	anly one cause per SED BY: ATE CAUSE (a)	line for 10), (b), and ic.) Cardiac Arre	st-		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which	DUE TO, O	RAS A CONSEQUENCE O			2/2 hours
	cause (a), stating the underlying cause last	DUE TO, O	RAS A CONSEQUENCE O Questionable 1	hyscardial infarction	n .	nt days
CERTIFICATION	Acuto rend 190 DATE OF OPERATION 5/22/85	Fribre 196 COND	Dalmonery edu		20g AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED TYING CAUSES OF DEATH? S NO 1
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	DEATH HOUR A.	FINJURY M. MONTH DAY YE	AR 21c. HOW INJURY OCCUP		
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE		211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	27a.l certify that this has sow the deceased alive a abave, the (will) (did) (d	pital) attended the	26 19 85		to MAY 26, death accurred on the date and hou	
	m signerous Marsh	Uns		MS ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/26/85
	5- Marsha	E OR PRINT)		VAMC B	ALTO, MD	2/2/8
23a.	BURIAL CREMATION REMOVA	35/28/8	5 Westv	of Cemetery Or Crematory iew Memorial Pa	ark Catonsville	Baito Ma

Balto Md

DHMH - 16 60M 7/84 (VRA 15, 4)

4001 Ritchie Hgwy

TO HOSPITAL OR

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletel should be detached for use as the burial-transit permit. Then please remove carbonpapers: Pages 1 and 21 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked ar them 18 shows any injury, ar other traumatic event, the medical

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	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hourstoned by the hospital or otherday physician.

to FUNERAL DIRECTOR, a should be detected for use with the State Dept. of Heal IMPORTANT. If hem 21 is m

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	FOR STATE HEGISTRAR		DEPARTN		HEALTH AND MENTAL HYG	HENE 8 5	10	4	2 0	0
	ECEASED NAME PROFITED MAIL	mie	MIDDLE		Shock	24. DATE OF DEATH	монтн	11 85	433	0
1.50	Y	4 RACE		3 DATE	OF BIRTH	A AGE INVIANCALIN	#IHDAN	FUNDERTER	u Funciona	a help.
	Female	Whi	te	*8"		100	YRS	HONSHS BAS	5 HOURS	MINL
Ju. E	Maryland	Th. CITIZEN OF	WHAT COUNTRY?	II. MARRIE WIDOW	ED NEVER MARRIED	Baltimore city				MD.
10.6	Baltimore	626 St	HOSPITAL, NURSING JOHNS R	G HOME O	21210	Housewid	OF WORKING		OF BUSINES	SOR
USC Plan.	STATE HUSSING HARSHIS HOLENCE IN HUSSING HILL Maryland	COUNTY	Its curror town Baltimo	N	TIM INSIDE CITY LIMITS?	13. STREET ADDRESS	ZIP CO Johns	Road	21210	
14.5	Patrick	MEDINE	Mulliga	n	15. MOTHER'S MAIDEN NA FIRST Mary	ME MEDIE		Byr	nes	
	WAS DECEASED EVER IN L		THE SOCIAL SECU	RITY NO.	17 INFORMANT	ADDI	RESS			
	NO NO	TES, GIM! WAR OR DATES!	212-74-4	587	Harry Shock	626 St. Jo	hns 1	Road 2	1210	
CERTIFICATION		DUE TO, O		DEATH BUT	I NOT RELATED TO THE TERM	UNAL DISEASE OR CON	120h # 3	ES. WERE FIN	DINGS USED	
TIFIC				1200 CO		YES NO	IN CER	TIFYING CAUS	NO [	17
	21s. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF EITHER HOTER MEDICALE	COLDEADH HOUR A	DEINJURY ,M. MONTH DA .M.	Y YEAR	714. HOW INJURY OCCUR	BED TENTERMENTURE OF PHI	URI PAREMA	E PARTI OFFICE		
MEDICAL	714 INJURY OCCURRED	LATHOUGH ST	OF INJURY MET. PACTORS, OFFICE, F	NAM. ETC)	THE LOCATION	7	11	COUNTY	- "	ATE
	226 I certify that (I) (the saw #1) decemed a glove. (II) (warning). 226 PHYSICIAN'S NAME	didnot worth both	MAIL.	15.	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN ADDRESS 5004	death occurred on he state of the state of t	AFF		that (II (we he course state 13/8)	77.75
73a	BURIAL CREMATION, REM				CEMETERY OR CREMATORY	THE EQUATION CITY OF TOWN		country	50	ATE:
	Burial	5/14/	/85 Pa	arkwo	od Cemetery	Baltim	ore	250 11	Mary	
1	NAME Alan Seitz	Funeral Ho	ome 3818 F	Rolan	d Ave. 21211M	AY 15 1985	1 0	istrar's sign	ATURE "	

### STATE OF MARYLAND

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Name of Street	E .		Silve

	STATE REGISTRAR		C		ICATE OF DEATH	REG. NO	). D.	dia	0 /
	EASED NAME FIRST	M	IDDLE	L	AST	20. DATE OF DEATH	MONTH D	DAY YEAR	26 HOUR
(TYPE C	PRPRINT)	111		51	nort		5 6	85	4,
3 SEX		RACE	5.	DATEC	OF BIRTH	6 AGE (IN YEARS LAST BIR		IF UNDER TYEAR	IF UNDER 24 HRS
1	F		6	MONTH	DAY GEAR 2	93	YRS.	AONIHS DAYS	HOURS MIN.
CC	THPLACE (STATE OR FOREIGN 76. DUNIRY) Maryland	CITIZEN OF W		MARRIE IDOWE	D NEVER MARRIED D	9 BALTIMORE CITY O	R COUNTY	OF DEATH	MI
10 CIT				IOME C	OR OTHER INSTITUTION	12d USUAL OCCUPATE (TYPE OF WORK FOR MOST O Retired			F BUSINESS OR
13a. ST	LRESIDENCE (IF MURSING HOME OR OT ATE 13b. COUNTY		give residence before ada 130. CITY OR TOWN Baltimore		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 2464 Nevad			)
14. FAT	HER'S NAME FIRST MID  George	Blak	LAST Ce		15. MOTHER'S MAIDEN NA FIRST Hannah	ME Blak	:e	LAST	
	AS DECEASED EVER IN U.S. ARME S, NO OR UNKNOWN) (IF YES, GIVE W		166. SOCIAL SECURITY 212-36-62		Hannah Johns	ADDRESON 2464 Nev		t. 2123	10
	PART I. DEATH (Enter only PART I. DEATH WAS CAUSED IN IMMEDIATE (Conditions, if only, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR	S & A  AS A CONSEQUENCE  AS A CONSEQUENCE	PS E OF	15			Sciween	MATE INTERVAL INSET AND DEATH
	PART 2. OTHER SIGNIFICANT CO	nditions <u>co</u>	NTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVI	EN IN PART 110	
CERTIFICATION	90 DATE OF OPERATION	196 CONDIT	ION FOR WHICH OP	ERATIO	N WAS PERFORMED	200 AUTOPSY?		, WERE FINDIN YING CAUSES	
	71a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF HOUR A.M P.M	A. MONTH DAY	YE AR	216 HOW INJURY OCCUR	RED (ENTERNATURE OF INJUI	RY IN ITEM TO PA	ART I OR PART 2)	
¥	WHILE NOT WHILE AT WORK	21e. PLACE C	OF INJURY LET, FACTORY, OFFICE, FARM	, ETC )	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE 4AM
	22a.1 certify that (I) (this haspital saw the deceased alive an above, (I) (we) (did) (did not) v	57	6 19 Pt	U3,	nd that in (my) (our) apinion	death occurred on the de	ote and hour		that (I) (we) los couses stated
	72h SIGNIATURE		Worda		DEGREE ATTENDING PHYSICIAN [	MEDICAL STAI		22c. DATE	. 12

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: should be detached with the State Dept.

24 FUNERAL DIRECTOR (VRA 15, 4)

MPORTANT:

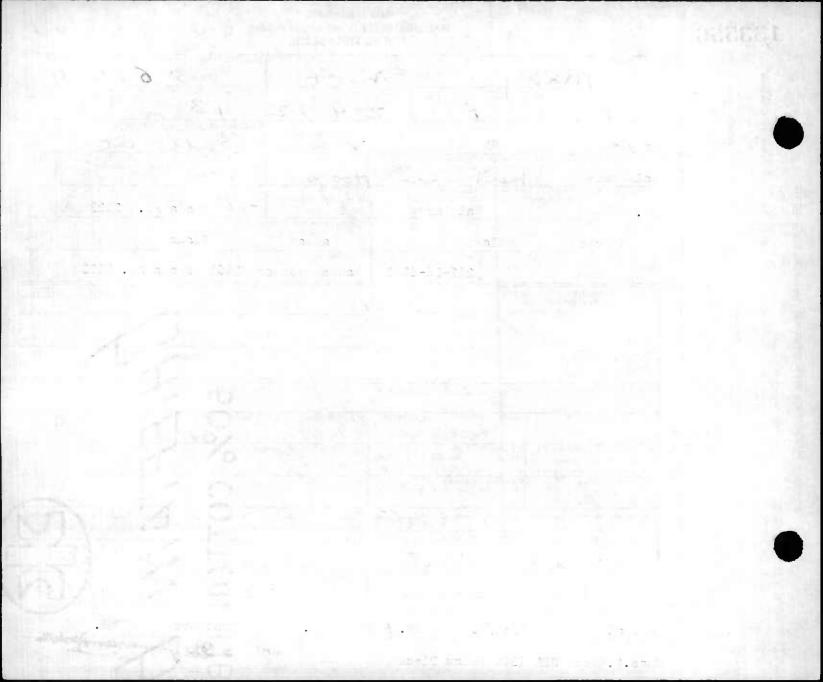
730 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 236. DATE 5/11/85 23c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.

22e. ADDRESS

23d LOCATION (Westport

250 DATE REC'D.

Chas.A.Rice FSPA 1300 Eutaw Place



1	FOR STATE REGISTRAR	

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG.	NO.	e e		•	
LDECEASED NAME FIRST HELEN	WIDDLE	S	foler	20. DATE OF DEATH	1.	S YEAR	12 HOU	FM	
3. SEX Female 4.	RACE	S. DATE OF BIRTH  ADDATA  ADDA		6. AGE (IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER	24 HRS MIN.	
76. BIRTHPLACE (STATE OR FOREIGN 76  COUNTRY)  Mary Land	CITIZEN OF WHAT COUNTRY?	8. MARRIEI WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY Baltimore	_	126. KIND OF BUSINESS			
10. CITY OR TOWN OF DEATH  Baltimore	I. NAME OF HOSPITAL, NURSIN (IF NOT INSUCH FACILITY, GIVE STREET Union Memor			120. USUAL OCCUP. (TYPE OF WORK FOR MO Spinner	ST OF WORKING LIF				
USUAL RESIDENCE (IF NURSING HOME OR OT 130. STATE 136. COUNTY Mary Land		/N	13d. INSIDE CITY LIMITS? YES NO	3632 ELI	i Avenue	2	2121	L1	
14 FATHER'S NAME FIRST Jacob	Baker LAST		15. MOTHER'S MAIDEN NAM	ide Spang	ler	LA:	51		
160 WAS DECEASED EVER IN U.S. ARME (YES NO OR UNKNOWN) (IF YES, GIVE W	to forces? 166. Social Security 215 07 6		Mrs. Theodore		DRESS	Sam	MATE INTER		
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEOU	ENCE OF		<u>-</u>		2 1	hr		
PART 2 OTHER SIGNIFICANT CO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO  19a. DATE OF OPERATION 19b. CONDITION FOR WHICH			200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH  YES NO NO NO			H?		
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IFEITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE  NOT WHILE			Z1c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  19 21f. LOCATION STREET CITY OR TOWN COUNTY				TATE	
22a.1 certify that (1) (this haspital saw the deceased alive on above (1) (we) (did) (did nat):  22b. SGNATURE	5/29 19		nd that in (my) (our) apinion of DEGREE		e date and hav	r and fram the	that (I) (v couses sta	ated	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

DHMH - 16 50M 4/82 (VRA 15, 4)

injury, or other troumatic event, the

IMPORTANT: If Hem 21 is marked at Hem 18 shaws any

CHARD 1AmmD 23h. DATE 06/03/1985

(TYPE OR PRINT)

231. NAME OF CEMETERY OR CREMATORY Lorraine Park Cemetery

22e. ADDRESS

3547

HEUTNUT

23e. BURIAL, CREMATION, REMOVAL Burial

Baltimore, Maryland

24 FUNERAL DIRECTOR

Burgee-Henss Funeral Home, 3631 Falls Rd. 21211

a travidson-Randall

1047	-	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. N		209		
o e o o o o o		CEASED NAME FIRST	PRINT			20 DATE OF DEATH MONTH DAY YEAR 25 HOUR 4:45P M			
	3. SE		4 RACE White	S. DATE OF BIRTH Sept. 2, 1925	6 AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER 1 YE MONTHS DA	EAR IF UNDER 24 HRS		
	BC	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY	ore dity,			
by the fu	10 CI	altimore	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Mercy Hospital		170 USUAL OCCUPATION HERE OF WORK FOR 1951 OF WORKING LIFE   INDUSTRY   Truck / river + Can Mnfg.				
filled in hould be in may be	130 5	Md. 13b COU	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13c CITY OR TOWN	ore   13d INSIDE CITY LIMITS?		ouldin St	21224		
pletely nd 2 sl	14 FA	THER'S NAME Walter	Sienkie	ewicz, Apolon		Roman	lowski		
Poges of medicoles		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SECU	JRITY NO. 17. INFORMANT 122 -3802 Mrs. Ida	S. Bound	in St.; Bo	ilto.,Md.		
es that the death certificate ned by the attending physics please remove corbon paper urial, cremation, or removal.  , or other froumatic event, th		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (a), staffing the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF							
n signer Then pl	Z O		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	minal disease or con	DITION GIVEN IN PART	lto		
hos bee t permit.	MEDICAL CERTIFICATION	190 DATE OF OPERATION	200 AUTOPSY?	IN CERTIFYING CAUSES OF DEATHS					
ading physic his certificate bis certificate buriol-transj Mentol Hyg or Item 18 sh		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	19	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART L'OR PART	2)		
ottendi ter this s the bu	MED	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.)  211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE		
the hospital or DIRECTOR: Aftacked for use a EDept of Health if them 21 is mo		sow the deceased alive or above, (1) (we) (did) (did no 22b. SIGNATURE	of view the body ofter death.	5 27 85 19 85 ond that in (my) (our) opinion  DEGREE  ATTENDING	MEDICAL STA	ote and hour and from	the couses stoted ATE SIGNED		
TO FUNERAL should be detroined by the should be detroined with the Store		22d. PHYSICIAN'S NAME (TYPE		PHYSICIAN  122e. ADDRESS  MGTCCY		JANDY	1-1103		
		BURIAL, CREMATION, REMOVAL SPECIFY)  Burial		NAME OF CEMETERY OR CREMATORY	23d LOCATION	ore, Md.	2122 JATE		
BP	24 FU		A. Moran. In	ak <u>Lawn Cemeteb</u> c. Funeral Höme	ERECIDIBLE GOLD OF	DIS. BECKETE AND SICK	ATURE		
(VRA 15. 4)	1 :	3000 F. Ralt	St Ralto	Md 21224	min a e poc	0			

3000 E. Balto., St.; Balto., Md. 21224

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4 тоу	1	3. SE	MALE	4	RACE W1	HITE	5. DATE C	DAY	YEAR	6 AGE	N YEARS LAST BIRTHDAY)	IF UNDER 1	AYS HO	URS MIN.
direct Charles	10		RTHPLACE (STATE OR FO	DREIGN 71	b CITIZEN OF	WHAT COUNTRY?	8 MARRIE	8 NEVER M	1892	9 BALTIA	93 YRS NORE CITY <u>OR</u> COUN	TY OF DEAT	Н	
death.	107		aw York		U.S.	.A.	WIDOWE		ORCED [		Baltimore	City		ME
s ofter o	Defined (	1	ty or town of dea Baltimore	TH 1	(IF NOT IN SUC	HOSPITAL, NURSIN THEACHITY, GIVE STREET, BNES HOSP	DDRESSI	R OTHER INST	ITUTION	LITYPE OF W	AL OCCUPATION ORK FOR MOST OF WORKING <b>EMAN</b>	LIFE) 12b. KIR INDUS Ci	TRY Ba	ltimo
filled in		13a S	AL RESIDENCE (IF NURSIN STATE aryland	NG HOME OR O		GIVE RESIDENCE BEFORE 13c CLITY OR TOW Baltimor		13d. INSIDE CI	TY LIMITS?		T ADDRESS / ZIP CO Oaklee Vil		212	29
ed withir impletely fand 2 sh	exomine C	14. F.A	THER'S NAME FIRST Henry	Ĥ	IDDLE	LAST Sie	werts	15. MOTHER'S	MAIDEN NA/	ME	MIDDLE	Но	tsch	adt
oe execut	medical		VAS DECEASED EVER I		ED FORCES? WAR OR DATES)	166 SOCIAL SECU 217-38-4		17. INFORMAN		rmon	ADDRESS 320 Oaklee	Villa	ge 2	1229
physicia physicia mavol.	vent, the		18 CAUSE OF DEATH PART I. DEATH WA	I (Enter only AS CAUSED IMMEDIATE	BY		pv 6	Tons	Arra	35		BETV	ROXIMATE EEN ONSET	INTERVAL I AND DEATH
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hot the c by the o ose remot	other tro		gove rise to imm couse (0), stating underlying couse		DUE TO, O	R ASA CONSEQUE	NCE OF	hoka	ditas	5				
equires to signed. Then ple	injury, a	N O	PART 2 OTHER SIGN	IFICANT CO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	inal dise.	ASE OR CONDITION O	IVEN IN PAR	1 10	4
he low roon. hos bee t permit.	Zowsony	CERTIFICATION	190 DATE OF OPERAT	195		ition FOR WHICH			RMED	200 AU	IN CER	'ES, WERE FI TIFYING CAL YES []	ISES OF D	
ICIAN: T g physici entificate iol-transi	em 18 sh		210. ACCIDENT WAS UNDI OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	216. TIME O	M. MONTH DA	Y YEAR	21c HOW INJ	IURY OCCURR	RED (ENTER	NATURE OF INJURY IN ITEM I	B PART I OR PAR	2)	
G PHYS attending for this control ond Me	rked or It	MEDICAL	21d INJURY OCCURR	ED (E)	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE FA		211 LOCATIO STREET	N		CITY OR TOWN	COUNT	,	STATE
TTENDIN pital or TOR: Affor use o	21 is ma		220.1 certify that ID a saw the decease above, (1) (we) (di	d alive an_	3 125	19.8	5 /	d that in (@y) (	aur) opinian	, to death accu	rred on the date and h	, 19 8		) (we) last es stated
AL OR A the hosy	IT: If Item		22h SKGNATURE			time	>		TTENDING _	MEDICA DIRECTO	L STAFF DR PHYSICIAN A	22c. E	ATE SIGN	JED 25/8
HOSPIT bined by FUNER ould be o	PORTAN		22d PHYSICIAN'S NA	ME (TYPE OR I	Uh.		D	22e. ADDRESS	06 5	C	ATUN A	ve	BA	LTIV

D

Hotschadt lee Village 21229 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 weeks ION GIVEN IN PART TO Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES [] NO I NITEM IB PART | OR PART 2) COUNTY STATE that() (we) last and have and from the causes stated 22c. DATE SIGNED 5 g T 4 3 ₹ 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Baltimore COUNTY Maryland 5/28/85 Loudon Park Cemetery Burial BP. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 21229 na Daydson-Randalla. DHMH - 16 60M 7/84 MAY 2 8 1985 Hubbard Funeral Home, Inc. 4107 Wilkens Ave. (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

CTELLEDTC

REG. NO. 20 DATE OF DEATH MONTH

26 HOUR

151114

- STATE

REGISTRAR

FIRST

ATEDED

DECEASED NAME

3. . . . . . . . . . . .

157136	1.	FOR STATE DOCAMONT		RTMENT OF HE	OF MARTLAND ALTH AND MENTAL HYGIE CATE OF DEATH	NE 8 5	14:	2
		REGISTRAR ROSAMONE CEASED NAME OR PRINT)	mond Mi	519		REG. NO.	DAY YEAR 26 85	26. HOUR 50 M
rector. So	3. SE	Female	W hite		ember 23,1911	AGE (IN YEARS LAST BIRTHDA	YRS MONTHS DAYS	R IF UNDER 24 HRS HOURS MIN.
ne funerol di within 72 ho		VIrginia	USA	WIDOWE	NEVER MARRIED DIVORCED DIVORCED	BALTIMORE CITY OF C	more Ce	MD. OF BUSINESS OR
in by the be filed will be notified	B	altimore AL RESIDENCE (IF NURSING HOME OR	JUNN DESTRUCTIVE, GIVE STR JUNN DESTRUCTIVE, GIVE STR DTHER INSTITUTION GIVE RESIDENCE BIN	PT Mec	lice Confer	Clerical	ORIGING LIFE) INDUSTRY	King 21225
rthin 24 I		Maryland 13b. COUN	Baltim		13d INSIDE CITY LIMITS?  YES [X] NO []  15. MOTHER'S MAIDEN NAM	_	Klyn Ave	nue
e executed w		WILLIAM VAS DECEASED EVER IN U.S. ARA	MED FORCES? 16b. SOCIAL SE WAR OR DATES)	CURITY NO.	17 INFORMANT	840 River		nents
hysicion or oppers. Pa oval. int, the mer		18. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y one cause per line for (a)		Stephen Derda	a Sykesville		784 XIMATE INTERVAL NONSET AND DEATH
that the death certified by the attending please remove corbang ol, cremotion, ar remore or other troumatic eve		Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last.	DUE TO, OR AS A CONSEC	11.01	of water	n c Me	to	-40X
been signermit. Then plant to burn any injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING T			20a AUTOPSY? 26	ON GIVEN IN PART 1  16. IF YES, WERE FIND  17. JCERTIFYING CAUSE	INGS USED
YSICIAN: The kinding physician. s certificate has burial-transit per Mental Hygiene rr frem 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA'  (IF EITHER, NOTHEY MEDICAL EXAMINER)	21b, TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCURRE	YES NO	YES 🗌	№ □
offending after this ce os the buring than Mer the sorth on the survive of the su	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ATTENDII nospital ar ECTOR: A ed for use of. af Heali		220. I certify that 44 (this haspit saw the deceased alive an above, (thiwe) (did) (did and	11131	Day, one	d that in (my) (our) opinion de	eath occurred on the date		, that the (we) lost e couses stated
HOSPITAL OR ined by the It FUNERAL DIR FUNE FOR THE PORTANT: If the State Deep CORTANT: If the State D		22d. PHYSICIAN'S NAME (TYPE OF	Sladue	mi	ATTENDING	MEDICAL STAFF DIRECTOR   PHYSICIAN		12/85
TO HOSPITA retoined by TO FUNERA should be di with the Stor	230.	R. Gladue M.	23b. DATE 23		S. Charles METERY OR CREMATORY	Street, Balt		
BP DHMH - 16 50M 4/83	24 F	JNERAL DIRECTOR	<del> </del>		non Cemetery	Ante G	reensville REGISTRAR'S SIGNA	
(VRA 15, 4)	18	roy™M. & Russel 30 Edmondson Av	enue, Catonsví	neral H	omes 228A	1 1985	pina Davidson	-Aandere

STATE OF MARYLAND

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR			CEKITI	ICATE OF DEATH		REG. NO.				
		CEASED NAME FIRST OR PRINT)  Alice Vi		AIDDLE	U	AST	20 DATE O	F DEATH MONT	TH DAY	YEAR	26 HOUR	P
	3. SEX		1 RACE	5006	5. DATE O	DAY YEAR	6 AGE (IN	YEARS LAST BIRTHDAY	MONT	NDER 1 YEAR	IF UNDER 2	HRS MIN.
	70 BH	emale RTHPLACE (STATE OR FOREIGN RTTP: RTT		WHAT COUNTRY?	8 MARRIE	28-1904		ORE CITY OR CO				
2	10 CT	TY OR TOWN OF DEATH  Baltimore	11. NAME OF H		WIDOWE GHOME O NDDRESS) SPI t (	R OTHER INSTITUTION	120 USUAL (TYPE OF WO)	altimor OCCUPATION RK FOR MOST OF WOR Cretary	RKING LIFE	itu. Pukinpet Balto	PUSINES CI	ter c
5	13ø. S	Md -		13c CITY OR TOW		13d INSIDE CITY LIMITS? YES XXX NO	13e STREET 301	ADDRESS / ZIP	CODE		2120	02
3	II. FA	James	E.	Silcot		Mary E	•	WIDDLE	Har	in on	1	
	160. W	VAS DECEASED EVER IN U.S. AR	MED FORCES?	220-05-			Baltin rothy	s. Rus	Md.	-638	PL	утои
		18 CAUSE OF DEATH IEnter or PART I. DEATH WAS CAUSE IMMEDIA:  Conditions, if ony, which gove rise to immediate cause (a), stolling the underlying cause lost.	DUE TO, OI	Ine for (a), (b), one  R AS A CONSEQUE  R AS A CONSEQUE	NCE OF	e stock	2, Pre	umon	ia	APPROXIM BETWEEN OF	VATE INTERV	PEATH F
7	CERTIFICATION	PART 2 OTHER SIGNIFICANT (	yd-ca	100 1	AS C	NOT RELATED TO THE TER	200 AUT	OP5Y? 20b.	. IF YES, WI	ERE FINDING	GS USED	
7	MEDICAL CER	THE ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINE)  TID INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	HOUR A./ P./ 21e. PLACE C	M. MONTH DA M.	19	216 HOW INJURY OCCU	JRRED (ENTER N	ATURE OF INJURY IN IT		ORPART 2)	ST	ATE
		226 I certify that IV (this hosp) saw the deceased alive on above, (I) (wart did) (did and 22b. SIGNATUR  22d. PHYSTCIAN'S NAME (TYPE C	1514	198		DEGREE  ATTENDING PHYSICIAN  172e ADDRESS	MEDICAL					
	3	PURUST	PILA	n m17	NA		1224 105	ATION				
		SPECIFY) Burial	1-11-	85 Ne	w Ca	thedral Co		y- Bal	to.,	Mary	y la n	ate ad_
	29 10	neral director <b>366</b> r 736 Edmondso	Uing Fi n Ave.	unerals l	Es ta	te, P.A.	¥ 6 1	385	LOISTRAK LA LA LA	SIGNATU	Salls.	

DHMH - 16 60M 7/84

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospitol or ottending physicion.

or offending physicion.

(VRA 15, 4)

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Sterile Committee of the Carting of

49061	1-	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 5	14213
24 hours after death. Page 4 may be alled in by the vices directly page 3 old be filed—in n.72 mm of a result of the fall and in 1.72 mm of a result of the fall and in 1.72 mm.	3. SE) 76. BI 10. CI 130. S	FEMALE RITHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND TY GRIOWN OF DEATH ALTIMONE C. TY	4. RACE  WHITE  76. CITIZEN OF WHAT COUNTRY  USA  11. NAME OF HOSPITAL, NURSI  (IF NOT IN SUCH FACILITY, GIVE STREE  6210 PARK HTS  ROTHER INSTITUTION GIVE RESIDENCE BEFORE	MARRIED NEVER MARRIED UNIONED DIVORCED DIVORCED TO MARRIED NO HOME OR OTHER INSTITUTION TADDRESS)  AVE. APT. 104  RE ADMISSION)  VN 13d INSIDE CITY LIMITS?	REG. NO.  20 DATE OF DEATH MONTH  77 YRS  9 BALTIMORE CITY OR COUN  120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEW I FE  13e.STREET ADDRESS / ZIP CO. 6210 PARK HTS	CITY MD  CITY MD  SCHEEL STRY  AT HOME  APT. 104
ond completely f Poges and 2 sho	14 FA	THER'S NAME FIRST LOUIS VAS DECEASED EVER IN U.S. AR	SHAPIRO	15. MOTHER'S MAIDEN NA FIRST FANNIE URITY NO. 17 INFORMANT DE		JACOBS LVER APT. 104
law requires that the death certificate is been signed by the attending physici ermit. Then please remave carbon paper e prior to burial, cremation, or remaval.	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEOU  (b)  DUE TO, OR AS A CONSEOU  (c)  CONDITIONS CONTRIBUTING TO	ENCE OF	Tas / U. T. L.	BETWEEN ONSET AND DEATH  BETWEEN ONSET AND DEATH  GIVEN IN PART 110  YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or ottending physicion.  TO FUNERAL DIRECTOR: After this certificate has be should be detached for use as the buriol-transit permi with the Store Dept. of Health and Mental Hygiene pri MPORTANT: If them 21 is marked or them 18 shows on	MEDICAL CERTIF	1226. SIGNATURE	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)  ital) attended the elecased from.	FARM, ETC.) 211 LOCATION STREET	YES NOT NEED (ENTER NATURE OF INJURY IN ITEM I	YES NO
De De Marie	23a B	URIAL, CREMATION, REMOVAL BURIAL	236. DATE 23c.	NAME OF CEMETERY OR CREMATORY BNAI ISRAEL	23d LOCATION B'ALTPIMORE	COUNMARYLANDIATE

DHMH - 16 60M 7/B4

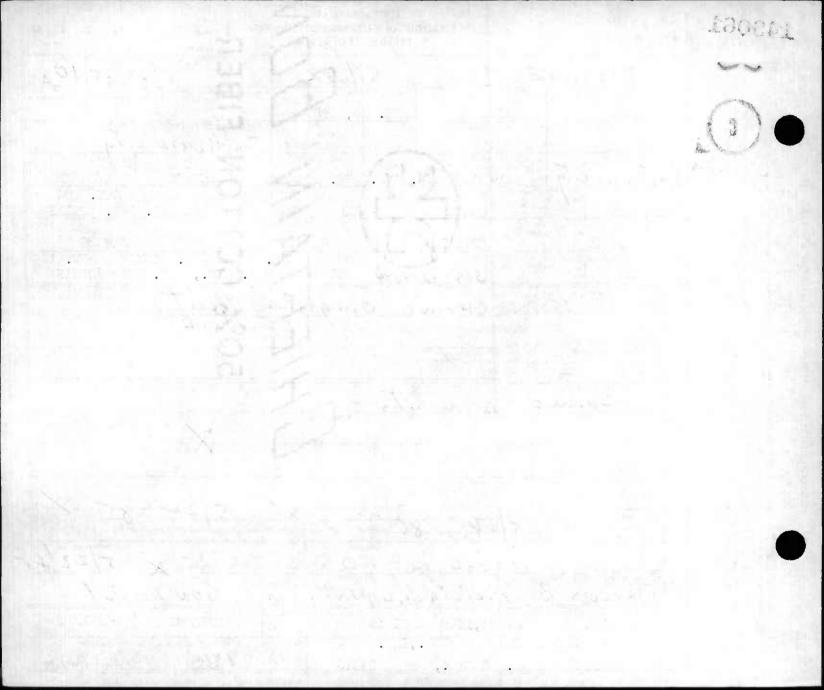
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(VRA 15, 4)

SOL LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR 6010 REISTERSTOWN RD. BALTO., MD

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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12		L	1	3
	oth. Page 4 may be	rol director pope 3	72 hours ofter death	
	n 24 hours after deo	The fund	and in filed within	,
	ecuted-within	d commentely	es I and 2 st	U
	IO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may been retained by the hospital on attending abusing the property of the property of a strength of the property of the prope	FCTOR. After this certificate has been signed by the offending obtsicion and	should be detached for use as the buriol-transit permit. Then please remove corban popers. Pages 1 and 2 mould wifed within 72 hours after death	with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or remayal.
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injury, ar other traumotic event, the medical

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony

STATE OF MARYLAND

1-	FOR STATE REGISTRAR		DEP	ARTMENT OF E	ICATE OF D		ENE 3 5	10.	4 2	1 4
	CEASED NAME OR PRINT)	CARL	MIDDLE E.	Sil	nmer s		20 DATE OF DEATH	MONTH D	ST SEAR	26 HOUR -30 P.M.
3. SE)	MA		CALLASIA.	5. DATE O		YEAR	6 AGE (IN YEARS LAST B		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	COUNTRY	CLA	CITIZEN OF WHAT COUN	MARRIE WIDOWI	NEVER M	ARRIED	Baltimore city;			MD.
		MORE	. NAME OF HOSPITAL, NU (IE NOT IN SUCH FACILITY, GIVE: NYMAN	STREET ADDRESS)	HEALTH	SYSIM	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST		12b. KIND OF INDUSTRY	BUSINESS OR
13a. S	AL RESIDENCE (IF NOTATE	13b COUNTY			1 25	IY LIMITS?	13e.STREET ADDRESS	DUDLEY	MIE. 2	1213
0	Rober	rt MID	Simm	ers	F	nna Be	elle		Black	wood
	VAS DECEASED EV (ES, NO OR JUKNOWN)			SECURITY NO.	Dorot		Simmers,		Dudle	y Ave.
NO	PART 2. OTHER S	immediate ating the use last.	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)  NOTITIONS CONTRIBUTING	SEQUENCE OF		TO THE TERMIN	NAI DISEASE OR COM	1 // ~	N IN PART TIO	ry Wellin
CERTIFICATION	190 DATE OF OPE	7	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFOR	MED	200 AUTOPSY? YES NO	20V IF YES.	WERE FINDING ING CAUSES O	SS USED
MEDICAL CER	220.1 certify that	CAUSE OF DEATH NEDICAL EXAMINER) URRED  WHILE  (I) (this hos, for possed alive by particular (did) (d/d) (d/d)	P.M.  21e PLACE OF INJURY (A1 HOME, STREET, FACTORY OF ) attended the deceased for view the body after death.	19 FFICE FARM, ETC ) ram	21f LOCATION STREET  22  All that in (my) (  DEGREE	N 19 as aur) apinion de	CITY OR TO  CITY OR TO  COURSE OF THE COURSE	ate and hour	COUNTY	
İ	URIAL, CREMATIO		236 DATE 5-4-85	23t. NAME OF C	emetery or co		23d. LOCATION CITY OF TOWN Baltime	/_/	Balto.	, MD

DHMH - 16 60M 7/B4 (VRA 15, 4)

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JUNE Miller, Inc., 6415 Belair Rd. 21206

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	STATE REGISTRAR		CERTI	FICATE OF DEATH	REG. N	0.
	CEASED NAME FIRST	es	SIMM.	ONS	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR 5-11-85 434 M
3. SE	MALE	1. RACE	S. DATE MONT	OF BIRTH  TH 6 - 12 - 1900	6. AGE (IN YEARS LAST BII	MONTHS DAYS HOURS MIN.
	RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY? 8. MARRII	ED NEVER MARRIED	9 BALTIMORE CITY	DR COUNTY OF DEATH
10 C	Baltimore	11. NAME OF (IF NOT IN SUC	HOSPITAL, NURSING HOME CHEACILITY, GIVE STREET ADDRESS!		120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ON TIE KIND OF BUSINESS OR INDUSTRY
	AL RESIDENCE (# NURSING HOME STATE 136 CO	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 867 Harl	am Ava 21201
14. FA	ATHER'S NAME	WIDDLE	l Baltimore	15 MOTHER'S MAIDEN NA		em Ave. 21201
	Wright WAS DECEASED EVER IN U.S. ( YES NOOR UNKNOWN) (IF YES.)		Simmons 166 SOCIAL SECURITY NO. 240-18-3329	Gertruc 17 INFORMANT	ADDR	
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per ISED BY:	lan fortal thround is the	Beatrice E		W. Mosher St.  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MINUTES
NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICAN	(b)	R AS A CONSEQUENCE OF	T NOT RELATED TO THE TERM	NINAL DISEASE OR CON	Jello DITION GIVEN IN PART 1/0
CERTIFICATION	19a. DATE OF OPERATION	19b. COND	ITION FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH HOUR A.	DF INJURY M. MONTH DAY YEAR M. 19		RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I ORPART 2)
MED	21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN COUNTY STATE
	sow the deceased alive above, (1) (alive land) (did) (did)		19 05	and that in (my) ( opinion	death occurred on the d	ote and hour and from the couses stated
	Ruhard	1 Sp	Eng ()	DEGREE ATTENDING PHYSICIAN	DIRECTOR PHYSIC	
	22d PAYSICIAN'S NAME (TYPE		sow, MD	220. ADDRESS 936 BACS	W. NON	e74 the, MO 2/2/7
23u I	BURIAL, CREMATION, REMOV.	AL 236 DATE 5/18/		CEMETERY OR CREMATORY  18 Mem. Pk.	Baltin	ore cocto. MDate

DHMH - 16 50M 4/82 (VRA 15, 4)

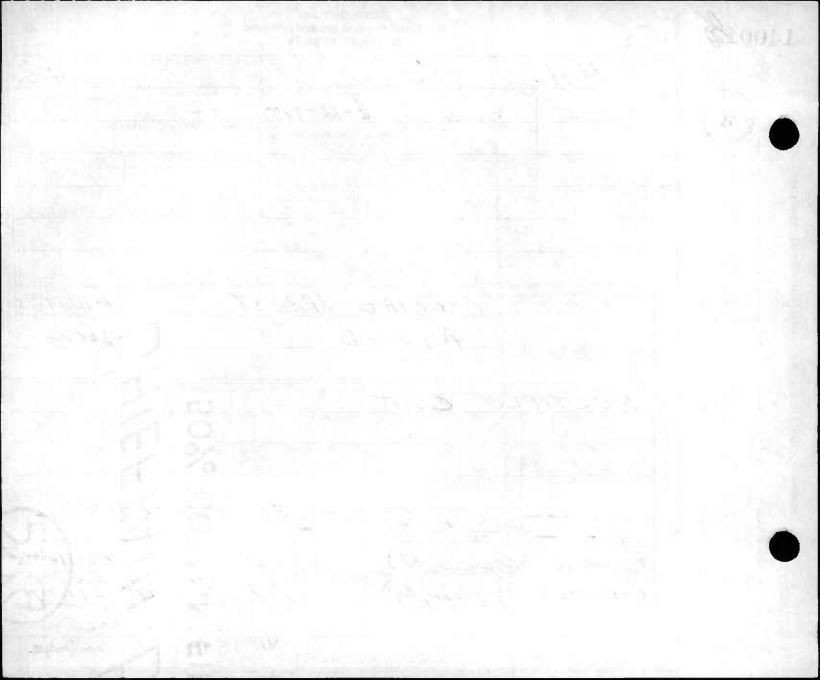
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physics should be detached for use as the burial-transit permit. Then please remove cortion proper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumalic events the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician

> 24 FUNERAL DIRECTOR 1101°E. North Ave. C. March F/H

Baltimore Co.



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CEI	RTI	FIC	ATE	OF	DEATH		

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- STATE REGISTRAR	CERTII	FICATE OF DEATH	REG. N	0.
DECEASED NAME (TYPE OR PRINT) Richar	1	12AJ	20 DATE OF DEATH	5/29/85 20 HOUR 20 12 NOON
Male	Black "2	OF BIRTH	6. AGE (IN YEARS LAST BIR	MONTHS DATS HOURS MIN.
MD	U.S.A. WIDOW		Baltimor	
Baltimore	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Lutheran Hospatal		12a USUAL OCCUPATI (TYPE OF WORK FOR MOST C	
USUAL RESIDENCE (IF NURSING HOME OR 130. STATE 13b COUN Maryland		13d. INSIDE CITY LIMITS?		ood Avenue 21216
4 FATHER'S NAME FIRST George	Simmons	Janice	WIDDIE	Lauderdale
60 WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECURITY NO. 213-36-1809	Esther Simm	addresions 2945 Wes	stwood Ave. 21216
PART I. DEATH WAS CAUSE	ly one couse per line (o', o', (b', ond ic', D BY:  E C AUSE (o)	eauest		APPROXIMATÉ INTERVAL BETWEEN ONSET AND DÉATH
Conditions, if ony, which	DUE TO, OR A A JONSEOUENCE OF	madasi	3	
couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF			
	CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT	T NOT RELATED TO THE TER/	MINAL DISEASE OR CON	DITION GIVEN IN PART 110
THE ACCIDENT WAS UNDOCUPRIO.	1%, CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED	184 AUTOPSY?	70% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO D
The complete product of the control		ZIE HOW INJURY OCCUR	RRED (ENTER HATURE OF HULL	PLONITON TO PART ( DRIPART 2)
THE ETHER NOT BY MEDICAL EXAMPLES	THE PLACE OF INJURY	211. LOCATION	CITY OF TO	wey county state

d 2 should be 1 medicaliba injury, ar other traumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicil should be detached for use as the burial-transit permit. Then please remave carbon paper with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval. IMPORTANT: If Item 21 is marked ar Item 18 shaws any O HOSPITAL BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, (SPECIFY) 236. DATE

77h SIGNATURE

Burial

24 FUNERAL DIRECTOR

231. NAME OF CEMETERY OR CREMATORY

6-3-85

MEDICAL

STAFF DIRECTOR APHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the course stated

Balto. Co.,

Arbutus Memorial Pk. Arbutus,

250 DATE REC'D. BY REGISTRAF

250 DATE REC'D. BY REGISTRAF

1985 Marshall W. Jones Jr. F.H. 4101 Edmondson Ave

ZZe ADDRESS

ATTENDING

21229

Palvizore City		.A.G.U	
Princer Printer		Letaqacii nama itu	ero idlas
293   Westwood Avenue 21216	1 1 1/2	Selvinore	MATHIAM
SLBUNGBL	Janice	Sirrons	9011050

Estner signous 2 +5 "estwood Ave. 21215

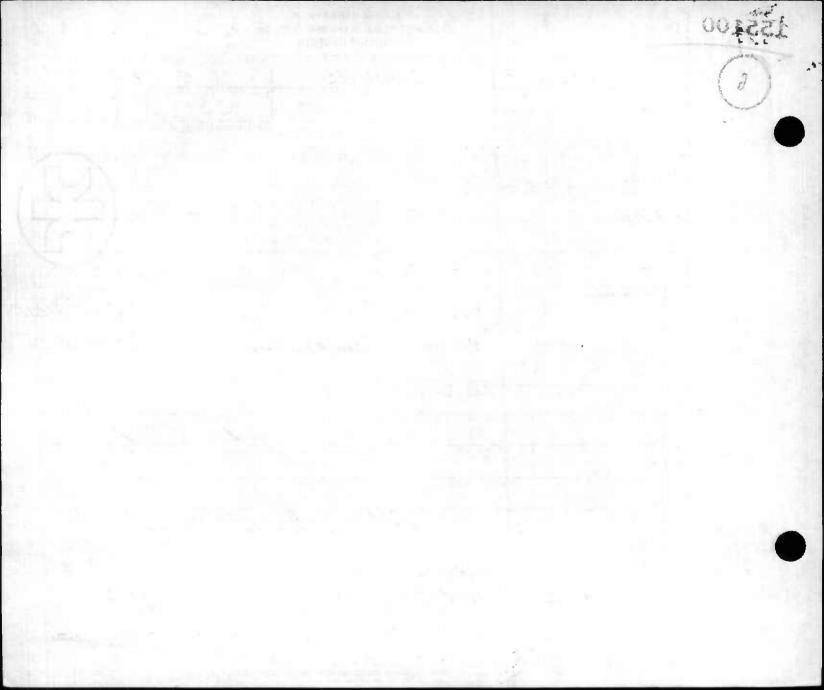
5-2-85 Arburus memorial es. Prouves, Palso. Co., id.

arriell ... ones Jr. F.H. 4101 drondson avc.

	oth. Page + m	erol direction of 172 hours	once.
LTIMORE, MARYLAND 21201	s be executed within 24 hours ofter de	ion and completely filled in by the fun irs. Pages f and 2 should be filed within	he medical examiner must be softied at
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	The low requires that the death certificate iton.	e has been signed by the attending physici it permit. Then please remove carbon paper giene prior to burial, cremation, or removal.	haws any injury, ar other traumatic event, th
DIVISION OF VIT	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 miretained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely fulled in by the funeral directifications should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed within 72 hours then with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical examiner must be portified at anse.

155100		FOR - STATE	DEPARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5	14211
(B)		CEASED NAME FIRST E OR PRINT)  RUSSELL X	F 51M	MONS DE BIRTH	REG. NI  20 DATE OF DEATH  6 AGE (IN YEARS LAST BIR	MONTH DAY YEAR 18 HOUR  5 29 85 5 37 PM  THODAY) IF UNDER 1 YEAR IF UNDER 24 HRS
death. Page			White Feb Th CITIZEN OF WHAT COUNTRY? U.S.A.  MARRIE WIDOWS	1915  D NEVER MARRIED 🖫	70  Baltimore city of Baltimore	YRS.  PR COUNTY OF DEATH
by the fulfilled with	Eal:	imore	11. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL MERCY HOSPITAL		12a USUAL OCCUPATI (TYPE OF WORF FORMOST O MUSICIAN	ION 125 KIND OF BUSINESS OF
d within 24 houndless the state of the state	13a Ma	aryland 136 COUN	Baltimore	13d INSIDE CITY LIMITS? YES X NO 1		w Place
e executed w	160	WAS DECEASED EVER IN U.S. ARM	mmons	late Mattie	ADDRE	
s that the death certificate ed by the attending physici- lease remove carbon paper rial, cremation, or removal. or ather traumatic event, th		PART I. DEATH WAS CAUSED	y one cause per line far (a), (b), and (c))  BY:  E CAUSE (a) RESPIRATORY  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF	Failure Fibrosis		### APPROXIMATE INTERVAL ####################################
been signimit. Then prior to buy injury,	CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT		NAL DISEASE OR CON	DITION GIVEN IN PART 110  20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
HYSICIAN: The rading physicic physicic certificate buriol-transit I Mental Hygis or frem 18 sh	MEDICAL CERTII	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	HOUR A.M. MONTH DAY YEAR P.M. 19 21s. PLACE OF INJURY	211. HOW INJURY OCCURR 211. LOCATION STREET	YES NO DED (ENTER NATURE OF INJUI	
DR ATTENDING P hospital or other DIRECTOR: After the Hed for use as the Pept. of Health and Item 21 is marked	W	WHILE NOT WHILE 27 AT WORK 270 I certify that (1) (this haspit saw the deceosed alive on obove, (1) (we) (did) (did not 27b. SIGNATURE	5/29 19 85, or	24 1985	to 5/29	19.85, that (1) (we) last ate and hour and from the causes stated
TO HOSPITAL OF FEBRANDS Should be detach with the Stote De IMPORTANT: If it		DANA S	5. SIMPLER	ATTENDING PHYSICIAN [	4 405	5/29/85 SPITAL
BP		Burial UNERAL DIRECTOR	June 1, 1985 Oakdal		23d LOCATION Mt Aiery  REC'D BY REGISTRAR	N. Carolina STATE  256 REGISTANTO TALLE
DHMH - 16 60M 7/84 (VRA 15, 4)			12 Columbia RD Ellico	ett City MA	3 1 1985	- Company of one

Harry H Witzke 4112 Columbia RD Ellicott City



# DO TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and c should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. IMPORTANT If them 21 is marked as II an Estavitant injury, or other traumatic event, the medical the death certificate be TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	 As.	100	16	53
5	Sie	de	3	C

1	1-	FOR STATE REGISTRAR	DEPAR		H AND MENTAL HYG TE OF DEATH	REG. NO.	1 4	2   3	
1		CEASED NAME FIRST	WIDDLE	£A51		20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR	
1	(TYPE	OR PRINT)	LLIAM W	SIMMONS	5	MAY 22.1985		10:55/PM	
	3. SEX		4. RACE White	5 DATE OF BIR		6 AGE (IN YEARS LAST BIRTHDAY)  63	MONINS DAYS		
1		RTHPLACE (STATE OR FOREIGN W. V	76 CITIZEN OF WHAT COUNTRY	Y? 8  MARRIED WIDOWED	NEVER MARRIED	BALTIMORE CITY OR COUNTY OF COUNTY O	NTY OF DEATH	MD.	
1	BA	LTIMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE JOHNS HOPKI	NS HOSP		12e USUAL OCCUPATION (TYPHOF WORK FOR MOST OF WORKIN	G LIFE) 12b. KIND (	rs Co.	
3.4	USUA 13a S	AL RESIDENCE (IF NURSING HOME OF TATE IN COLUMN AL	or other institution, give residence bering the ghany 13°C LITY OR TO	Tand 13d. 1	INSIDE CITY LIMITS?	13-SIREET ADDRESS ZIR CA	Creek F	d. 21502	
	14 FA	THER'S NAME FIRST Charles	Simmons LAST		AOTHER'S MAIDEN NA		LA	St	
2		VAS DECEASED EVER IN U.S. A		2/1-	rian Simmo	ns, Wife	Same	SIMATE INTERVAL ONSET AND DEATH	
	NOI	gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT					
	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHIC	CH OPERATION WA	AS PERFORMED	200 AUTOPSY? 20b. IF IN CE	YES, WERE FINDI RTIFYING CAUSE: YES []	NGS USED S OF DEATH? NO [	
		2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN		DAY YEAR	HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)		
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFIC		LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
		saw the deceased olive o	portal) attended the deceased from	A.C.	it in (my) (our) opinion	death occurred on the date and		that (I) (we) last causes stated	
,		DEGREE ATTENDING MEDICAL STAFF SIGNED STAFF PHYSICIAN DIRECTOR PHYSICI							
		FR ankles	orprint wefal	270	Johns	Haprins	Herr	ital	
	23a B	Cremation, REMOVA			ery or CREMATORY at Cremator			STATE	
4	DA FL	izdzinski Funer	ral forme PA 140	Old East	tern Avenua	24 1985	Davidson-A	andere	

DHMH - 16 60M 7/84 (VRA 15, 4)

1.1.1. All all modern with ordered value and the same of the common same of the s Account Cause Comments in will 1236 was a stone of some, with Samuel and the Bold of The State of the Stat the section professor days along getting points of makes the second of the second

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# STATE OF MARYLAND

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	050 410					

1	FOR STATE REGISTRAR			DEPARTN		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5		4 2	1 4
	CEASED NAME E OR PRINT]	FIRST DNAL	>	E •		MP8ON	26 DATE OF DEATH	MONTH DAY	YEAR 8	26. HOUR AM
3. SE	X	4. 6	RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		IDER 1 YEAR	IF UNDER 24 HRS.
	Male		Whit	te	Jun		56	YRS.	HS. DAYS	HOURS MIN.
In BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY			WHAT COUNTRY?	9	D NEVER MARRIED	9 BALTIMORE CITY		DEATH		
	hio	100	USA	A	WIDOWE		Baltimor	e City		MD.
	altimore	1	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET LS SCOTT	ADDRESS)	Med.Center	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST C	F WORKING LIFE]	DUSTRY	aurant
13a.	AL RESIDENCE (IF NURSI STATE aryland	HOME OR OTH HOME OR OTH Balti		GIVE RESIDENCE BFFORE 136. CITY OR TOW  Dundal	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
14, F.	ATHER'S NAME	MIDI		LAST		15. MOTHER'S MAIDEN NA.				
/_	Jacob		ewton	Simpso		Myrtle	С.		างไว้เ	ım
1	WAS DECEASED EVER (YES, NO OR UNKNOWN)	(IF YES, GIVE W.		274-22-		Joan Simps	on 109 Wo		Ave	.21222
	18 CAUSE OF DEATH PART I. DEATH W.		Υ:	line for (a), (b), and		BRAIN DAN	120-2		BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, gove rise to imm couse (o), stating underlying couse	which (nediote g the s	DUE TO, O	R AS A CONSEQUE	ilmo	MRY EDS	inA omygrathy	,	4	days
NOI	PART 2. OTHER SIGN		IDD W		1	Cere LOVESCY	1 1.		V PART TIE	).
CERTIFICATION	19a. DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE IN CERTIFYING YES	CAUSES	OF DEATH?
1	21g. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH		FINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCUR	RED (FINTE DE INJU	RY IN ITEM 18 PART I	OR PART 2)	
MEDIC	21d. INJURY OCCURR	HE [	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY OFFICE, F.	ARM, ETC )	21f. LOCATION STREET	CITY OR TO	NW	COUNTY	STATE

TC FUNERAL DIRECTOR: After this certificate has been signed by should be detoched for use as the buriol-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to buriol. 18 shows ony or Mem IMPOSTANT: If hem 21 is retoined by the BP

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 50M 4/83 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL 236 DATE -Burial Removal 24 FUNERAL DIRECTOR

226. SIGNATURE

22d. PHYSICIAN'S NAME

23c. NAME OF CEMETERY OR CREMATORY Beaver Creek

22e ADDRESS

25

DEGREE

ATTENDING

23d LOCATION
CITY OF TOWN
Dayton,

MEDICAL

DIRECTOR

COUNTY STATE

22c. DATE SIGNED

Cem Daytoii,

250. Date recid. By registrar 256 registrar S.Signature

JUN 5 1985

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

STAFF

PHYSICIAN

Funeral Home of Dundalk

22a.l certify that (I) (this haspital) attended the deceased from

sow the deceased alive on \_\_\_\_\_\_\_\_above. (1) we) (did) (did nat, view the body after death

Color of Color Color

In that the control of the control o

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ithe burial transit permit. Then pleas and Mental Hygiene prior to burial,

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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5	1	4	Euro	Car	1

250 DATE REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE IVI AT 2 8 1985

	FOR STATE REGISTRAR			DEPARTA		IEALTH AND MENTAL HYG	HENE Ö	REG. N	0.		. 2 0	
	DECEASED NAME	FIRST		MIDDLE.	l.	AST	26. DATE C	F DE ATH	HINOM	DAY YEAR	2b HOUR D	
1	(TYPE OR PRINT)	DENNI	S E	EARL	SIN	IGLETON	MAY	23,	1985		7:35 P	
3.	SEX		4 RACE		5. DATE C		6. AGE (IN	YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS	
V	Male		Whit	e	Jan.		34		YRS	MONTHS DAYS	HOURS MIN.	
77	BIRTHPLACE (STATE	OR FOREIGN 7	L CITIZEN OF	WHAT COUNTRY?		D NEVER MARRIED X	9 BALTIM	ORE CITY O	R COUNTY	OF DEATH		
1	Pennsylva	ania	U.S.A	١.	WIDOWE	DI DIVORCED	BAL	TIMOF	E CI	ΓY	MD.	
a .	BALTIMORE	ALTIMORE  11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  JOHNS HOPKINS HO					(TYPE OF WO	OCCUPATI PREFORMOSTO La Bu	F WORKING LIF	E) INDUSTRY	ertising	
ľ	Maryland	136 COUN		13c. CITY OR TOW	N.	13d Inside City Limits? Yes \( \) NO \( \)	205	ADDRESS / Shana	ZIP CODE Road		21061	
14	Joseph		G.	Singleto	on	Olga	ME	WIDDIE		Bogan <sup>1.A.S</sup>	51	
16	(YES, NO OR UNKNOWN)	PER IN U.S. ARA	MED FORCES? WAR OR DATES)	220-56-1		Mr. Joseph G	ther)	ADDRE gletor		Same as # 13		
	QOVE rise to cause (a), shounderlying co PART 2 OTHER S  190. DATE OF OPE  210. ACCIDENT WAS	ating the juse last.	(c)ONDITIONS <u>C</u>		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEA			EN IN PART 16		
	O N N N N N N N N N N N N N N N N N N N		1,0 00.10		01211110		YES	NO		YING CAUSES		
102	OR CONTRIBUTING [  (IF EITHER NOTIFY A  21d. INJURY OCC	CAUSE OF DEAT	P. 21e. PLACE	M. MONTH DA	19	21c. HOW INJURY OCCURE 211 LOCATION STREET	RED (ENTERN	CITY OR TO		COUNTY	STATE	
	270. I certify that saw the december (I) (we 27b. SIGNATURE 22d. PHYSICIAN'S	eased alive and e) (did) (did nat	May I view the bady  Mole  PRINT)	3 19		DEGREE  ATTENDING PHYSICIAN [ 22e ADDRESS  600 N Wolfe	MEDICAL DIRECTO		FF S			
2	30 BURIAL, CREMATIC	,	<sup>23</sup> May 2 1985	٥,		EMETERY OR CREMATORY  EVEN Memorial P	23d. LOC	YORTOWN	nie, A	COUNTY A.	Md.	

DHMH - 16 60M 7/84 (VRA 15, 4)

24. FUNERAL DIRECTOR

24 FUNERAL DIRECTOR A STATE SUPPLY SINGLE TO SUPPLY SINGLE TO SUPPLY SUP

TO FUNERAL DIRECTOR should be detoched for u with the State Dept. of HI IMPORTANT: If them 21 is

0. 8 30

1.	FOR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HY	GIENE 8 5	1 4 2 2			
	- STATE REGISTRAR		CERTIFICATE OF DEATH					
	ECEASED NAME PE OR PRINT)  FIRST	MURT. SK	RZYPINSKI	5-19-85	MONTH DAY YEAR 26 HOUR 83			
3 S	EX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UNDER 2.			
	m	76 CITIZEN OF WHAT COUNTRY?	9 10 30	47 54	1 YRS PROUNTY OF DEATH			
1	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	Poland	MARRIED NEVER MARRIED WIDOWED DIVORCED	Q -	eto lity			
3/100	Balta	11. NAME OF HOSPITAL, NURSIN: (IF NOT IN SUCH FACILITY, GIVE STREET A Key Hospital		120 USUAL OCCUPATION OF MOST OF WORK FOR MOST OF Painte	OF WORKING LIFE) INDUSTRY			
	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COUI			13e.STREET ADDRESS / Key Hosp	ZIP CODE 21224 -Mason Lord Ns. Hr			
SO H. F	FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME	LAST			
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECUI	RITY NO. 17 INFORMANT	ADDRE	ESS			
or other troumotic	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE		ture				
×	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 110			
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	TH OPERATION WAS PERFORMED  200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH  YES NO YES NO					
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE JIF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK	HOUR A.M. MONTH DA	Y YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJUI				
	sow the deceosed olive or	ital) attended the deceased from19	85, and that in (my) (our) opinio	n death occurred on the do	ote and hour and from the causes state  22c. DATE SIGNED			
TANT: #	22d. PHYSICIAN'S NAME (TYPE	Kerman	ATTENDING PHYSICIAN  22e ADDRESS	MEDICAL STAF	FF = 15/20/0			
PORTAN	Jusan	Denman	5200	castern	HVE Patt			

DHMH - 16 60M 7/B4 (VRA 15, 4)

Anatomy Board

Removal

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

24 FUNERAL DIRECTOR

Balto., Md.

5/22/85

23c NAME OF CEMETERY OR CREMATORY

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

23d. LOCATION

COUNTY

STATE

Jacques V. Land S. Land Jacques Jacque

162126

07/84 25M

BP. **DHMH - 17** (VR A15 ME (5)) T - STATE REGISTRAR

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
AFDICAL EXAMINER'S CERTIFICATE OF DEATH	

1	A	2	2	2
REG. NO.	-	6-18	Gios	Cont

	OR PRINT)	/E		WIDDLE	(ASI		20 DATE KNOW	N MONTH	DAY YEAR	26. HOUR
		Lawre		Н.	Slade		DEATH MATED	× 5/	29/ 1985	M
SEX		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEAR LAST BIRTHOA				MONTH	DAY YEAR	124 HOUR
	M	W	8/17/14	70 YR	. Morting Dais	HOURS MIN	DEAD	5/	31/ 19 85	
	RTHPLACE (		76 CITIZEN OF WH	AT COUNTRY?	8. MAPPIED	NEVER MARRIED	9 BALTIMORE CI			
	MD			JSA	WIDOWED	DIVORCED		e City	The Colonia	MD.
D. C11	Y OR TOWN	OF DEATH		ITAL, NURSING HOME	, OR OTHER INST		USUAL OCCUPATION	(TYPE OF WORK	126 KIND OF BU	ISINESS
	Ral+	imore		onne Ave.		Se	FOR MOST OF WORKING LIFE	red	Service	
	RESIDENCE	(IF IN NURSING HOW	E OR OTHER INSTITUTION, GIVE						resentat	
3a. ST		13b COL	INTY	13c. CITY OR TOWN		E CITY LIMITS? 13e				
A EA	MD THER'S NAW			Balto.	YES		06 Argonne	e Dr.	21218	
I¶ FA	FIRST		MIDDLE	TPAI	15. MO	HER'S MAIDEN NA	MIDDLE	v. 1.	LAST	
	Harm			ade	17.045	Dorothy			over	
60. W	S. NO, OR UNKN	OWN) (IF YES, G	ARMED FORCES?	16b. SOCIAL SECURITY		RMANT	ADDI			
	No				Mis	ss Cathe	rine A. L	yons,	WE	)
	18. CAUSE	OF DEATH (Enter	anly one cause per line f	ar (a), (b), and (c).)		7 N 13			APPROXIMATE BETWEEN ONSE	INTERVAL T AND DEATH
	PARTID		IATE CAUSE (a)	Arterioscle	rotic Ca	rdiovascu	lar Diseas	e		
				S A CONSEQUENCE O						
		ans, if any, whi								
	couse (d	) stating the unde		S A CONSEQUENCE C	OF .					
	lying co	use last.	(0)						100	
	PART 2 DINER	IGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BE	IT NOT RELATED TO THE TERMI	NAL DISEASE DE CONDI	TION CIVEN IN PART 1				
Z						non given in take tag				
CERTIFICATION	190. DATE O	FOPERATION	19b. CONDITI	ON FOR WHICH OPER	ATION WAS PERF	ORMED?			20 AUTOPSY	,
FIC										
ERT	21a EXTERN	AL CAUSE WAS	21b. TIME OF	INTURY	21, HOW INDI	PV OCCUPPED :	ITER NATURE OF INJURY IN ITE	44 18 D4 D7 1 OR B	YES .	NO 💢
D	UNDERLYIN		HOUR A.M.	MONTH DAY YEAR	1.1.1.017 11.00	NI OCCORNED (LI	TENTALONE OF WOOK! IN THE	M TO PART TORPA	1 2 1	
Š	CONTRIBUT	ING CAUSE C	P.M.	FINJURY (ATHOME	21f. LOCATION					
MEDICAL	WHILE I	NOT WHILE		RY, FARM, ETC.)	STREET		CITY OR TOWN	cc	YINU	STATE
	AT WORK	AT WORK						1 - 1		
	22a I cer	ify that I took cho	arge of the remains descr	ibed abave, held an	Autapsy ,	Inspection X	, Inquiry	ond in my o	pinion	
	death resul	ted fram: No	tural auses X,	Accident Sui	cide . Ha		determined manner	٦. (		
		-	DO			(SPECIFY)				
	ACTUAL SIGNATURE	1	The			1	MEDICAL EXAMINER	DATE		85
	SIGNATURE				M.D	BBIBCAIICA	MEDICAL EXAMINER	SIGN	EU	05
	EXAMINER'S (TYPE OR PR	NAME Gre	egory R. Kar	iffman. M.F	). ADDRES	111 1	Penn St.			
30.BL	RIAL CREMA	TION REMOVAL		23c. NAME OF CEM		TORY 1236	LIOCATION			
(5)	Buria	1	6/6/85	Loudon			Balto.,	cou	MD ST	ATE
	NERAL DIRE	CZOS					BY REGISTRAR 25h	REGISTRAR'S		
	NAME	Hen	ry W. Jent			JIIN 7			son-Randel	2.
4	ACO A	ork Roa	ad Balto.	, MD 21	212	0011	1300		1	

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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5602	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1		CEASED NAME BIRCH	HEL LASE	SLOAN	2ª DATE OF DEATH M	DAY 85 1:23 PA
(A)	3. SEX	MALE	1 RACE OMC.	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	"I IF UNDER TYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
83	7a. Bi	RTHPLACE (STATE OR FOREIGN NTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR	county of DEATH Baltimore
filed with	100	AT.	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATIO	Nyprking use 12b. KIND OF BUSINESS O INDUSTRY Ship Buildi
should be f	13a. S	TATE AND AND	other institution, give residence before II3c CITY ORYGV Arundel	13d. INSIDE CITY LIMITS?	1 648 >DRESS	WSET STRIP 2122
and 2 sh	14 FA	THER'S NAME MILLARO	widdle Sloa	n. BERTA	WE	Saul
pers. Pages July		AS DECEASED EVER IN U.S. ARI		JRITY NO 17 INFORMANT	ADDRESS	e as 13e
n signed by the ottending physic Then please remove corbonpope r to burial, cremation, ar removal injury, or other traumatic event, th	NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSOUR	screotic ca	rdiolaco Deadace Inal disease or condi	TION GIVEN IN PART 110
this certificate has been the buriol-transit permit. Ind Mental Hygiene prior dor Item 18 shows any i	MEDICAL CERTIFICATION	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (16 EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	) 216. TIME OF INJURY TH HOUR A.M. MONTH D	AY YEAR 19 211 LOCATION	280 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY	
FUNERAL DIRECTOR: After and be detoched for use os the Stote Dept of Health of ORTANT: If hem 21 is morked.	2	WHIE NOTWHIE ATWORK ATWORK DATWORK  22a.1 certify that (I) (this hospit sow the deceased of the observe, (I) (we) (1) of (dot not observe, (I) (we) (1) of (dot not observe).	1	5/7 1,85	death occurred on the date	that (I) (we) lose and hour and from the couses stated  221. DATE SIGN D  BALL
Of S M		urial, cremation, removal specify) Burial		NAME OF CEMETERY OR CREMATORY edar Hill Cemetery	23d. LOCATION Ballto	CANA. Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR
George J. Gonce 4001 Ritchress Hgwy Balto Md

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR 3 SIGNATURE AND A 1 3 1985

BINGING STORING STORING STORING contrate (T) Set 1987 Color of the State of the set of the CONTROL OF THE CONTRO The second of th Le la mai tras de la companya de la companya de la companya de la companya de la companya de la companya de la walter of Talker will all top of will and the second of the second 1884 Trong Through The 1980 145A1 176 150A 2 237A come at the same of the transfer of the same at a same deoth

ond completely filled in by the loges ond 2 should be filed with

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and co should be detached for use as the burial-transit permit. Then please remove corbon-papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

5		4	9	9	4
9	I.	-	e-Feat	Giran.	

	CEASED NAME FOR PRINTI	EDII E		DDIE	SM	ALL	20. DATE OF DEATH	MONTH	1-85	2b HOUR
3. SE	X	4.1	RACE		5. DATE OF	BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY	IF UNDER 1 YEAR	IF UNDER 2
	密 M	E	B		нтиом	28 14	70	YRS.	MONTHS DAYS	HOURS
No. B	IRTHPLACE (STATE OF	FOREIGN 7b.	CITIZEN OF WI	HAT COUNTRY?	8. MARRIED WIDOWED	□ NEVER MARRIED □ DIVORCED □	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
B	ALTIMORE	E	WIVER.	SITY OF	G HOME OR	OTHER INSTITUTION HOSPITAL	170 USUAL OCCUPA		12b. KIND C INDUSTRY	F BUSINE
30.	AL RESIDENCE (IF NUE	1135 COUNTY		BALTIM	ORE	3d. INSIDECITY LIMITS?	13e STREET ADDRES	S / ZIP CODE	N ST.	210
	ATHER'S NAME	MIDD		SMALL	1	5 MOTHER'S MAIDEN NA FIRST	ME		BELL	51
	WAS DECEASED EVER YES, NO OR UNKNOWN) YES	(IF YES, GIVE WA	AR OR DATES]	6b SOCIAL SECUR		7 INFORMANT		RESS	. PAY	SON :
	18 CAUSE OF DEATH	TH (Enter only o	one cause per lir	ne for (a), (b), and	recu		1000			MATE INTER
	Conditions, if on	, which		ARD CO AS A CONSEQUE ACUTE		NOWARY B	(RES)		30	) mi
z	Conditions, if any gove rise to im cause (a), stati underlying cous	/, which imediate ng the lost.	DUE TO, OR A	AS A CONSEQUE	NCE OF NCE OF	OT RELATED TO THE TERM	INAL DISEASE OR CC	D . A	EN IN PART 1	
FICATION	Conditions, if any gove rise to im cause (a), stati underlying cous	mediate ng the e lost.	DUE TO, OR A  (c)  NDITIONS CON	AS A CONSEQUE AS A CONSEQUE NTRIBUTING TO D	NCE OF NCE OF EATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CO	20b. IF YES	EN IN PART 11  BETES  5, WERE FINDIN  YING CAUSES	NGS USED OF DEATH
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DHMH - 16 50M 4/83

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ATTENDING

TO HOSPITAL

PHYSICIAN: The

(VRA 15, 4)

DURIAL O. DYETT

24 FUNERAL DIRECTOR LEROY

ADDRESS 4600 LIBERTY HGTS

250. DATE REC'D. BY REGISTRAR 156 REGISTRAR'S SIGNATURE
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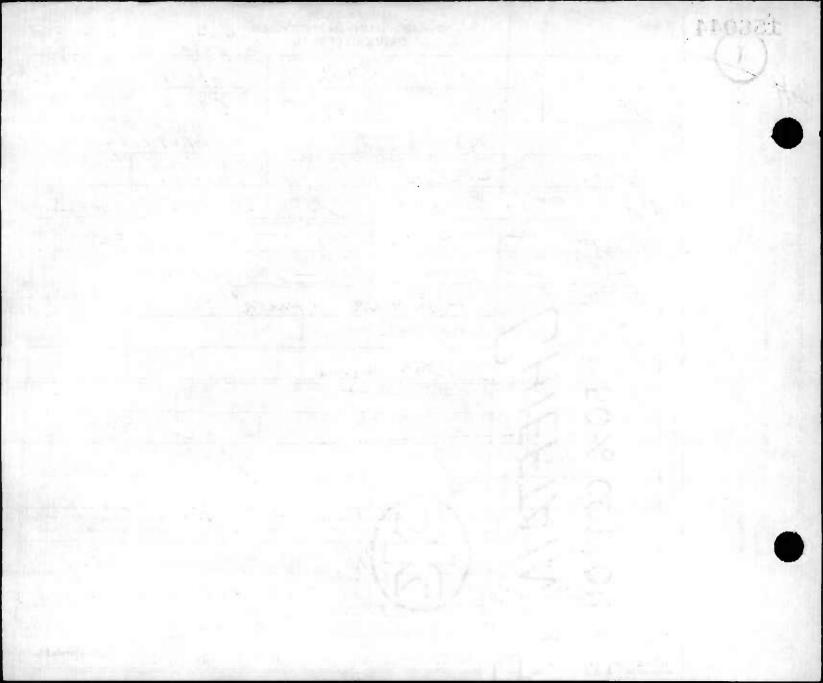
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

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_	-	REGISTRAR			CERTII	ICATE OF DEATH		REG. NO.		
1		CEASED NAME FIRST	nes	Ellis	(	SMIH Jr.	20 DATE	OF DEATH MONTH	DAY YEAR	10:45 B
1	3. SE)		4. RACE	CILIS	5. DATE C	OF BIRTH	6 AGE (	IN YEARS LAST BIRTHDAY)	IF UNDER I YEA	R IF UNDER 24 HRS
5		RTHPLACE ISTATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED D	9 BALTIA	MORE CITY OR COL	INTY OF DEATH	MD.
1	The second second	MALT CI		HOSPITAL, NURSIN HEACILITY, GIVE STREET	IG HOME C	OR OTHER INSTITUTION		AL OCCUPATION YORK OF MOST OF WORK		OF BUSINESS OR
		AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE	ADMISSION)	13d, INSIDE CDY LIMITS? YES D NO D	13e.STREE	t address / zip ( )6 Wrenwoo	od Avenue	21212
		THER'S NAME FIRST Charles	MIDDLE E.	Smith,		Mary Mary	AME	WIDDLE	Fran	Klin
	10	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	MED FORCES? VE WAR OR DATES)	219-16-3		17. INFORMANT Elsie Smith	4806	Wrenwood	Avenue	
7	CERTIFICATION	couse (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  190. DATE OF OPERATION	( Ic) CONDITIONS CO		M F	A) LVILL NOT BELATED TO THE TERM IN WAS PERFORMED		JTOPSY? 20b. I	I GIVEN IN PART	INGS USED
7	MEDICAL CERTIF	21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDIT AL EXAMINE 21d IN JUNY OCCURRED  WHITE AT WORK AT WORK  220 I certify had (I) (this hosp saw the deceased alive or above, (httwe) (did) (did not 120. SIGNATURE	Ite PLACE	M. MONTH DA	10 ARM ETC.)	21c HOW INJURY OCCUR	10_	TURE OF INJURY IN ITE	COUNTY  , 1 d	STATE  ., that (1) (we) lost
		22d. PHYSICIA)  BURIAL, CREMATION, REMOVAL	MAN	27.		ATTENDING	N7 1	OR PHYSICIAN	61.	3/2
	24 FL	BURIAL UNERAL DIRECTOR VILLIAM C. Marc				250 DA		Y REGISTRAR 256. BE		ATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

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injury, or other traumotic event, th

IMPORTANT: If Hem 21 is marked or Item 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the hospital or attending physicia

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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## FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG NO					

REGISTRAR		CERTII	TICALE OF DEATH	REG. N	0.	
1. DECEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
JOH	+N	S	miTH	4	5 15	85 3,20A A
1. SEX	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIE	THDAY) IF UND	DER I YEAR IF UNDER 24 HRS
Male	Black	57	5/1909 YEAR	76	YRS.	S DAYS HOURS MIN.
TO BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	UNTRY? 8.	ED NEVER MARRIED	9. BALTIMORE CITY		EATH
Maryland	USA	WIDOW		Bas	Timore	City ME
Balto. Ty	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI Bon Secoul	NURSING HOME (	OR OTHER INSTITUTION	120 USUAL OCCUPAT		b. KIND OF BUSINESS OR TYUCK
USUAL RESIDENCE (IF WARSING HOME 130. STATE 13b. CO		ORTOWN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	Pract <sup>E</sup> St	· 21230
John Smith	MIDDLE	LAST	15. MOTHER'S MAIDEN NAM E <sup>t</sup> ila H	olland MIDDLE		LAST
(YES, NO OR UNKNOWN) (IF YES,	CD/E WAR OR DATES	- <b>0</b> 7-6879	Mary Brown	46I4 Manord		
18 CAUSE OF DEATH (Enter	only one cause per line for (a)	), (b), and (c).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAL	IATE CAUSE (D) Ten	minal	Cancer s	Reandary		
	DUE TO, OR AS A CO  (c)  IT CONDITIONS CONTRIBUTE		T NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART 1to
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY		DN WAS PERFORMED			WERE FINDINGS USED ING CAUSES OF DEATH?	
OR CONTRIBUTING CALICE OF	DEATH HOUR A.M. MON	ITH DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 O	RPART 2]
IF EITHER NOTIFY MEDICAL EXAMI  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY		211 LOCATION STREET	city or io	WN C	OUNTY STATE
sow the deceased alive	on	19 85.0	and that in (my) (our) opinion o	todeath occurred on the d	ote and hour and	from the couses stated
226. SIGNATURE	nye He	uz	M.D ATTENDING PHYSICIAN I	MEDICAL STA	FF _	STERNED
220. PHYSICIAN'S NAME (TY	7-YEN HO	1AN 67	27e ADDRESS  BON	V Sec	our	Hospital
230 BURIAL, CREMATION, REMOV	AL 236. DATE 5/20/85		cemetery or crematory	Laurel,	P.G. Md	NIY DIATE

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR
Chas A. Rice FSPA I300 Euta PPR 1,

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STATE OF MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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†	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
	PECEASED NAME FIRST	A	AIDDLE	AST	Zo. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(**	LILLIA	61	MARIE	SMITH	5-1	0-85 4 7 1
3. 5	EX	4. RACE	5. DATE (		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	F-	-	<u>ک</u>	-7-00	85 YRS.	
7a.	BIRTHPLACE   STATE OF FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY? 8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
	mo 1	V:			BALTO	
10.	CITY OR TOWN OF DEATH		HOSPITAL, NURSING HOME ( H FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	17a. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR INDUSTRY
	BALTO	MEI	Lin		CASHE	PARKING GOLDS
	UAL RESIDENCE (IF MURSING HOME OF LISTATE 136, COU		GIVE RESIDENCE BEFORE ADMISSION)  131. CITY OR TOWN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS / ZIP COD	E 21224
14.	FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	LAST
	CHARLES		AKEH URST	AS113	. 17 -	erber
160	WAS DECEASED EVER IN U.S. AF	MED FORCES?	166. SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
	UNK	- WAN ON DAILS)	219-10-4898	CHORT		
Z		(b) DUE TO, OI	R AS A CONSEQUENCE OF  R AS A CONSEQUENCE OF  ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GI	VEN IN PART 110
CERTIFICATION	19a DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERATIO	N WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
ERT	710. ACCIDENT WAS UNDERLYING	7 216. TIME O	F INJURY	1716 HOW INJURY OCCUR	YES NO YI	PART LOR PART 21
		HOUR A.	M. MONTH DAY YEAR			, , , , , , , , , , , , , , , , , , , ,
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 214. INJURY OCCURRED	P., 21e. PLACE		ZIF. LOCATION		
×	WHILE AT WORK	(AT HOME, STR	EET, FACTORY, OFFICE, FARM, ETC )	STREET	CITY OR TOWN	COUNTY STATE
	27. I certify that () (this hasp sow the deceased alive or above, () (we) (did) (did no	5-10	19 -		to 5-10 - 5	
	27b. SIGNATURE	1 //		DEGREE		22c. DATE SIGNED
	18	X Cl	expo (	ATTENDING PHYSICIAN	MEDICAL STAFF  DIRECTOR PHYSICIAN	5-10-15
	274 PHYSICIAN'S NAME THE	Speke)		27e ADDRESS		
	AT Luc	ω.		3 500 5	9.31A COUTER	ASSIS ON OND
230	BURIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY	23d LOCATION	
1	(SPECIFY) Burial	5/1/	/X5 Roltin	ora Mationa	TI CITY OR TOWN THE TIME	m c Ma

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the

Connelly Funeral Home Of Dundalk

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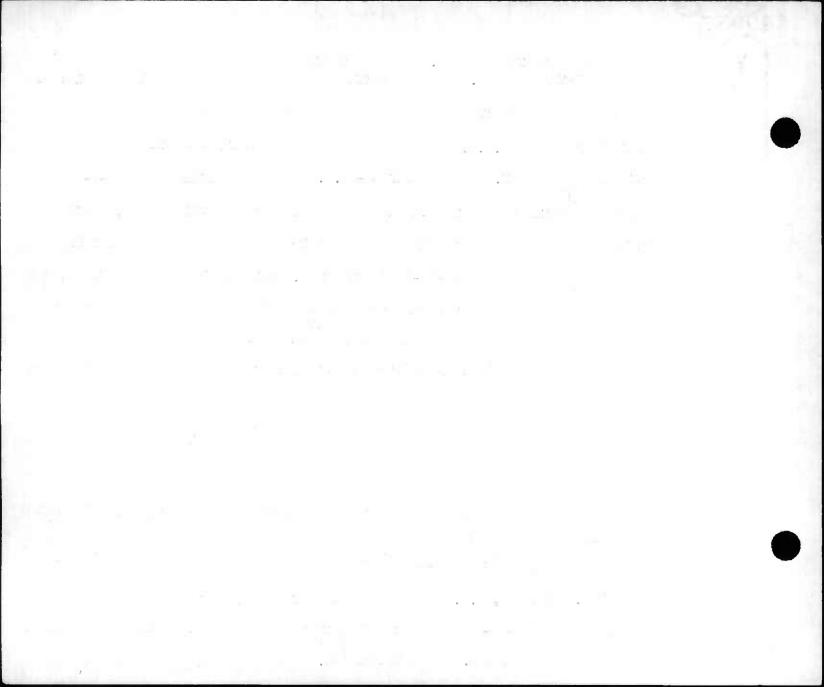
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 135540 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH DECEASED NAME FIRST 2b HOUR Man (TYPE OR PRINT) 6th LULILLE SMITH 0 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 21 HRS 3. SEX (~ 01 BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA Baltimore, City Maryland WIDOWED DIVORCED T 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Mercy Hospital 2] LIVE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STATE 13b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 21211 Maryland Baltimore 2601 Huntington Ave. YES X 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Elizabeth Olmstead George Wilkerson ADDRESS 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-74-8198 Elizabeth Smith 2601 Huntington Ave. 21211 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH poppe 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY week severe ingustry IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF failure Conditions, it any, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF Univular dystraction underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION prior ony 20b IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20m AUTOPSY? IN CERTIFYING CAUSES OF DEATH? this certificate has the burial-transit permind Mental Hygiene p per NOF 718 ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Item MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY ō CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE AT WORK 220.1 certify that (I) (this haspital) attended the deceased from, saw the deceased alive an 19 and that in (my) (aur) apinian death occurred and the date and hour and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death TO FUNERAL DIRECT should be detached for with the State Dept. a 22b. SIGNATURE DEGREE 22c. DATE SIGNED MM ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN MPORTANT: 77e ADDRESS Baltimore And 21202 301 TACHERON 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial 5/9/85 Mt. Olivet Cemetery Baltimore Maryland 24 FUNERAL DIRECTOR BY REGISTRAN 256, REGISTRAN'S SIGNATURE

Alan Seitz, Jr. 3818 Roland Ave. 21211

DHMH - 16 60M 7/84 (VRA 15, 4)

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1	REGIS	TRAR				CERTIF	ICATE OF D	EATH	REG	, NO.		
(6)	1. DECEASED	NAMEAKA	FIRST M	ARTHA	MIDDLE K.	L	AST SMIT	H	20 DATE OF DEAT	HTMOM H	DAY YEAR	2b. HOUR
	( The Sarahari		ARTHA	(	C.	SM	ITH			05	13 85	12:20P M
G 0. 6	3. SEX			4 RACE		5. DATE O	F BIRTH	YEAR	6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER 1 YE	
Poge 4 director.	FEM	ALE		WHI	re	04	04	03	82	YRS	5.	
	7e. BIRTHPLA	CE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8	□ NEVER M	ARRIED -	9. BALTIMORE CIT	Y OR COUN	ITY OF DEATH	
deoth.		YLVANL	A	U.S	.A.	WIDOWE		ORCED [	BALTIMOR	E CITY		MD.
D 24 /		OWN OF DEA		11. NAME OF H		RSING HOME O	R OTHER INST	ITUTION	12a USUAL OCCUP			D OF BUSINESS OR
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filled filled	130 STATE	LAND	DATIT	TMORE	CATONS		13d. INSIDE CI	NO 🔀	13e.STREET ADDRE			1228
rely f	14 FATHER'S	NAME				ATIME	15. MOTHER'S		ME .		2110119 2	
	I/	FIRST		WIDDLE	PARK	'E'D		RTHA	MIDDI	E	IINK	NOWN
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requires that the death certificate be as signed by the attending physicion. Then please remove catompopers. Part burial, cremation, or removal. injury, or ather traumatic event, the	IB CAI	ISE OF DEATI RT I. DE ATH W	AS CAUSE		line for (o), (b)	, and le	en and a		me to			EN ONSET AND DEATH
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quires signe hen p to bui		OTHER SIGN	HEICANT (	CONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	inal disease or c	ONDITION	GIVEN IN PARI	lio
been :	210. AC	TE OF OPERAT	1001	18h COND	ITION EOD WH	IICH OPERATIO	NI WAS DEDECT	DAAED	20e AUTOPSY?	20h IF	YES, WERE FIN	ININGSTISED
	2 170. DA	IE OF OPERAL	ION	196. COND	HION FOR WH	IICH OPERATIO	N WAS PERFO	KMED			RTIFYING CAUS	SES OF DEATH?
PHYSICIAN: The It and ing physicion. This certificate has the buriol-transit per d Mental Hygiene d or them 18 shows	- E	CIDENT WAS UND	ERIVAIC F	7 21b. TIME O	E INTITION		121c HOW/IN	II IDV OCCUPE	YES NO		YES _	NO 🗌
z s o o f o	00.00	ITRIBUTING C			M. MONTH	DAY YEAR	ZIL HOW IN.	JURTUCCURI	CED (ENTER NATURE OF	INJURY IN ITEM	18 PART I OR PART	2)
Sic Cer Cer Cer Prio Prio Prio		HER, NOTIFY MEDIC				19	1011 100 1710	NI.				
	WHILE	JURY OCCURE		21e PLACE	OF INJURY REET, FACTORY OFF	ICE, FARM ETC )	211 LOCATIO	114	CITY	RIOWN	COUNTY	STATE
ATTENDING PHY ospital or otherdi ECTOR, After this ECTOR, after this After use as the bis of the use of the to Health and M	Al WOR	ATWO	К —				2/101	- 0-	1	chis	20	
ENDINC al or o OR. After ruse os Health is morti				tol) ottended th		m - R	1	., 19_0_7		3/1	19.0.	_, that (I) (we) lost
	SO	w the decease	lid (did no	t) view the body	after death	9 0 0		our) opinion	death occurred on th	е аоче ола г		
Che he	22h SR	SNATOR	11	-1 +	Y		DEOREE	TTENDING	→ MEDICAL	STAFF	211.02	14 18T
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5 6 F 2 3 ₹ 1	23a. BURIAL, (SPECIFY)	CREMATION,	REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR C	REMATORY	23d. LOCATION CITY OR TOW	N	COUNTY	STATE
BP	BUR			05-17-	85	BALTIMO			BALTIMO	RE CI	ΓY	MARYLAND
DHMH - 16 50M 4/83	24 FUNERAL				ADDRE	56	21229	250 DAT	E REC'D. BY REGISTI	1 10	Breeze A	NATURE
(VRA 15, 4)	HUBBA	RD FUN	ERAL	HOME, I	NC. 410	7 WILKE	NS AVE.	MA	15 1985	Juna	Davidson	- Mankett



1	60	008	3
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21701	TO HOSPITAL OR ATTENDING PHYSICIAN The low requires that the death certificate be executed within 24 hours after death. Fagir and pire retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the futureal directing pages should be detached for use as the burnol-transit permit. Then please remove corbon pages, and 2 should be flish within 72 hours after death with the State Deat of Health and Merital Hydrene prior to burnol, cremotion, or removal.	IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examinentment barranted at this
	TO HOSPIT, retained by	TO FUNER, should be d	IMPORTAN

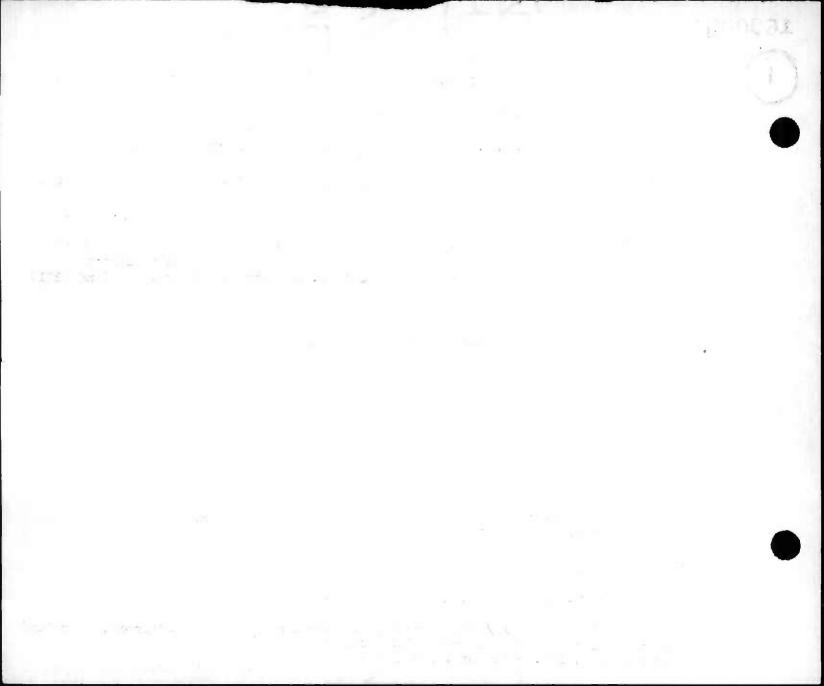
FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

REG. NO.

	PE OR PRINT)			) ( T m 11			5 1:05
	MARY	E LEA	NOR S	MITH	MAY	29 198	7 1.00 /
3. SE	EX	4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY		
F	FEMALE	BLACK	MA		76	MONTHS OAT	HOURS MIN.
7a B	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8	IED NEVER MARRIED			
	IRGINIA	U.S.A.	WIDOV		1	CITY	M
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITA	L, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND	OF BUSINESS O
ВА	ALTIMORE			F BALTIMORE	HOMEMAKER	KING THE FIND USIN	HOME
"USU 13₀.	JAL RESIDENCE (IF NURSING HOME OF		PENCE BEFORE ADMISSION	1 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIF	CODE	
MA	ARYLAND		TIMORE	YESXX NO [	4328 PIMLIC		21215
14. F/	ATHER'S NAME	WIDOLE	LAST	15. MOTHER'S MAIDEN N	AME		AST
7	JOHN		HORNTON	ESTHER		WHITF	IELD
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOO	CIAL SECURITY NO.	17 INFORMANT	2005 Ett	ing Street	t
N	10	216	-24-104	8 June M. Hack	ett Baltimore	e. Maryla	nd 21217
	18 CAUSE OF DEATH (Enter or	nly one couse per line for t					XIMATE INTERVAL N ONSET AND DEATH
	PART I. DEATH WAS CAUSE	TE CAUSE (o) VENT	RICULAR	ARRYTHMIA		1 H	OUR
,	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A C	E MYOCA	RDIAL INFAR	CTION	1 H	OUR
NOI	gove rise to immediate cause (a), stating the	(b) ACUT	ONSEQUENCE OF				
TIFICATION	gove rise to immediate cause (a), stating the underlying cause last	(c) ACUT	E MYOCA  ONSEQUENCE OF		MINAL DISEASE OR CONDITIC		lia DINGS USED
AL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING CONCRIBUTING CAUSE OF DE	DUE TO, OR AS A CONDITIONS CONTRIBUTIONS CONDITION FOR ALL THE OF INJURY HOUR A.M. MC	ONSEQUENCE OF	ON WAS PERFORMED  21c HOW INJURY OCCU	MINAL DISEASE OR CONDITION  200 AUTOPSY? 2011	ON GIVEN IN PART  IF YES, WERE FINE CERTIFYING CAUSI YES	DINGS USED ES OF DEATH?
	gove rise to immediate cause (a), stating the underlying cause lost  PART 2. OTHER SIGNIFICANT  19g DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	DUE TO, OR AS A C  (c)  CONDITIONS CONTRIBU  196 CONDITION FO  216 TIME OF INJURY HOUR A.M. MC  P.M.	ONSEQUENCE OF	ON WAS PERFORMED  21c HOW INJURY OCCU	TOO AUTOPSY?  YES NO NORTH	DN GIVEN IN PART  IF YES, WERE FINE CERTIFYING CAUSE YES   ITEM 18 PART I OR PART 2	DINGS USED ES OF DEATH?
MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying couse lost  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LITTURE TO CAUSE OF DE LITTURE OF COURSED  WHILE NOTIFY MEDICAL EXAMINE  WHILE NOTIFY MEDICAL EXAMINE	DUE TO, OR AS A CONDITIONS CONTRIBUTIONS CONDITION FOR ALL THE OF INJURY HOUR A.M. MC	ONSEQUENCE OF  ONSEQUENCE OF  OR WHICH OPERATION  Y  ONTH DAY YEAR  19	ON WAS PERFORMED  21c HOW INJURY OCCU	MINAL DISEASE OR CONDITION  200 AUTOPSY? 201  YES NO X	ON GIVEN IN PART  IF YES, WERE FINE CERTIFYING CAUSI YES	DINGS USED ES OF DEATH?
	gove rise to immediate cause (a), stating the underlying couse lost  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE HER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINE 21d OF WHILE AT WORK  22a I certify that (I) (IMMEDIATE CONTRIBUTION OF LIFE CONTRIBUTIO	DUE TO, OR AS A C  (c)  19b CONDITION FO  19b CONDITION FO  ATH HOUR A.M. MC P.M.  21e PLACE OF INJUIT LATHOME STREEL FACTO	ONSEQUENCE OF  ITING TO DEATH BL  OR WHICH OPERATI  Y  ONTH DAY YEAR  19  RY  DRY, OFFICE FARM ETC.)	ON WAS PERFORMED  21c HOW INJURY OCCU  211 LOCATION STREET  A.Y	TOO AUTOPSY?  YES NO NORTH	DN GIVEN IN PART  IF YES, WERE FINE CERTIFYING CAUSE YES   ITEM 18 PART I OR PART 2  COUNTY  185	DINGS USED SOF DEATH? NO STATE
	gove rise to immediate cause (a), stating the underlying cause lost  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK  WHILE AT WORK	DUE TO, OR AS A C  (c)  19b CONDITION FO  19b CONDITION FO  ATH HOUR A.M. MC P.M.  21e PLACE OF INJUIT LATHOME STREEL FACTO	ONSEQUENCE OF  ITING TO DEATH BL  OR WHICH OPERATI  Y  ONTH DAY YEAR  19  RY  DRY, OFFICE FARM ETC.)	ON WAS PERFORMED  21c HOW INJURY OCCU  21l LOCATION STREET  A Y 19 8 2 and that in (my) (X-X-pinio)  DEGREE	TO 29 MAY	DN GIVEN IN PART  IF YES, WERE FINE CERTIFYING CAUSI YES  ITEM 18 PART I OR PART 2  COUNTY  185  Ind hour ond from the	STATE  Thotal (I) **X ** In the causes stated  TE SIGNED
	gove rise to immediate cause (a), stating the underlying couse lost  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE HER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINE 21d OF WHILE AT WORK  22a I certify that (I) (IMMEDIATE CONTRIBUTION OF LIFE CONTRIBUTIO	DUE TO, OR AS A C  (c)  19b CONDITIONS CONTRIBU  19b CONDITION FO  21b TIME OF INJUR HOUR A.M. MC P.M.  21e PLACE OF INJUI LAT HOME STREET FACTO  24 MAY  11) view the body after dec	ONSEQUENCE OF  ITING TO DEATH BL  OR WHICH OPERATI  Y  ONTH DAY YEAR  19  RY  DRY, OFFICE FARM ETC.)	ON WAS PERFORMED  21c HOW INJURY OCCU  21l LOCATION STREET  A Y 19 8 2 and that in (my) (X-X-pinio)  DEGREE	200 AUTOPSY? 200 IN  YES NO RED (ENTER NATURE OF INJURY IN)  (11Y OR TOWN  10 29 MAY  11 death occurred on the date of	DN GIVEN IN PART  IF YES, WERE FINE CERTIFYING CAUSI YES  ITEM 18 PART I OR PART 2  COUNTY  185  Ind hour ond from the	STATE  Thotal (I) **Tyloric causes stated  TE SIGNED
	gove rise to immediate cause (a), stating the underlying couse lost  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF OF CONTRIBUTING CAUSE OF OF CONTRIBUTING CAUSE OF OF CONTRIBUTING CAUSE OF OF CONTRIBUTING CAUSE OF OF CONTRIBUTING CAUSE OF OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTION CAUSE OF CA	DUE TO, OR AS A C  CONDITIONS CONTRIBU  196 CONDITION FO  196 CONDITION FO  216 TIME OF INJURY HOUR A.M. MC P.M.  21e PLACE OF INJUINATE HOUR A.M.  21e PLAC	ONSEQUENCE OF  ITING TO DEATH BL  OR WHICH OPERATI  Y  ONTH DAY YEAR  19  RY  ORY, OFFICE FARM ETC.)  19  ded from 24 M.  19  19  19	21c HOW INJURY OCCU 211 LOCATION STREET  AY 19.8.2 and that in (my) (X-X-pinio)  DEGREE  ATTENDING PHYSICIAN  22e. ADDRESS	AMINAL DISEASE OR CONDITION  700 AUTOPSY?  YES NOW  RRED (ENTER NATURE OF INJURY IN)  CITY OR TOWN  10 29 MAY  n deoth occurred on the dote o	DN GIVEN IN PART  IF YES, WERE FINE CERTIFYING CAUSE YES   COUNTY  185  101 1185 1185 1186 1187 1187 11885 1	STATE  that (II) *X**love causes stated  TE SIGNED  MAY 198
WEDICAL WEDICAL	gove rise to immediate cause (a), stating the underlying couse lost the underlying couse lost part 2. OTHER SIGNIFICANT.  PART 2. OTHER SIGNIFICANT.  PART 2. OTHER SIGNIFICANT.  21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION COUNTRIBUTING CONTRIBUTING CONTRIBUTION COUNTRIBUTING CONTRIBUTION COUNTRIBUTING CONTRIBUTION COUNTRIBUTION COUNTRIB	DUE TO, OR AS A CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION FOR THE CONDITION  ONSEQUENCE OF  ITING TO DEATH BL  OR WHICH OPERATI  Y  ONTH DAY YEAR  19  RY  RY  ORY, OFFICE FARM ETC.)  JOHN THE TO THE	21c HOW INJURY OCCU 211 LOCATION STREET  AY 19.8.2 and that in (my) (X-X-pinio)  DEGREE  ATTENDING PHYSICIAN  22e. ADDRESS	ANE BALT	DN GIVEN IN PART  IF YES, WERE FINE CERTIFYING CAUSE YES   COUNTY  185  101 1185 1185 1186 1187 1187 11885 1	STATE  that (II) *X**love causes stated  TE SIGNED  MAY 198	

DHMH - 16 50M 4/83 (VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or attending physicion.

BP.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	5	4	13	7	3	
,	~	3		Or ma	-	

REGISTRAR	CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST MIDDLE	LAST	20 DAIL OF DEATH	DAY YEAR 2b. HOUR
MATTIE HALL	SMITH	5-6	-85 8128 7
3. SEX 4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
Female Black	5 7 08	77 YRS.	MONTHS DAYS MOURS MIN.
TO BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNTY	OFDEATH
North Carolina U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore Ci	ty, MD.
10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSIN  (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LII	126 KIND OF BUSINESS OR
Baltimore Lutheran Hos		THE ST WORK TOKINGST OF WORKING EN	1, 110001K1
IUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE 138, CITY OR TOW		13e STREET ADDRESS / ZIP CODE	Apt.605
Maryland Baltin			gton Ave.21217
14 FATHER'S NAME	15 MOTHER'S MAIDEN NA	ME	
Macellus Apple White	e Mattie	WIDDLE	Hilliard
14. WAS DECEASED EVER IN U.S. ARMED EORCES? 1144 SOCIAL SECT		ADDRESS	
NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 243-03-	-0798 Marjorie V	Wiley 1251 N.	Augusta Avenue
18: CAUSE OF DEATH (Enter only one couse per ling for (o), (b), on	nd ic		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) SUDD	en death.		
DUE TO, OR AS A CONSEQUE	ENCE OF -		
Conditions, if ony, which	expratory or	rust	
gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUE	ENCE OF JA		
underlying couse last	pally_		
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	/EN IN PART 110
No.			
190 DATE OF OPERATION 196. CONDITION FOR WHICH  210. ACCIDENT WAS UNDERLYING   216. TIME OF INJURY OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M.  210. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE F	OPERATION WAS PERFORMED		S, WERE FINDINGS USED FYING CAUSES OF DEATH?
HE		YES NO YE	
210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM TO F	PART ( OR PART 2)
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.	AY YEAR		
21d. INJURY OCCURRED 21e. PLACE OF INJURY	211 LOCATION		COUNTY STATE
WHILE NOT WHILE AT WORK AT WORK	FARM ETC ) STREET	CITY OR TOWN	COUNTY STATE
220.1 certify that (I) (this haspital) attended the deceased from	4107 1085	5/6	19.25, that (I) (we) lost
sow the deceased alive on 5/6 19 above, (1) (we) (did) (did not) view the body after death.	, and that in (my) (our) opinion	death occurred on the date and hou	
22b. SIGNATURE	DEGREE		22c. DATE SIGNED
mus 7 Duong	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	5/6/85
224. PHYSICIAN'S NAME (TYPE OR PRINT)	22e ADDRESS		
ISLEH T DWONG	LUTHER	AN HOSPITA	44
	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY
(SPECIFY)	altimore Cemeter	CITY OR TOWN	COUNTY STATE
(SPECIFY)	altimore Cemeter	CY Raltimore JE REC'D. BY REGISTRARIZS & REGIST	w.a

DHMH - 16 60M 7/B4 (VRA 15, 4)

4).

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbompopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

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mpletely filled in by the funeral directors and 2 should be filed within 72 hours after

nest be nothing at onte.

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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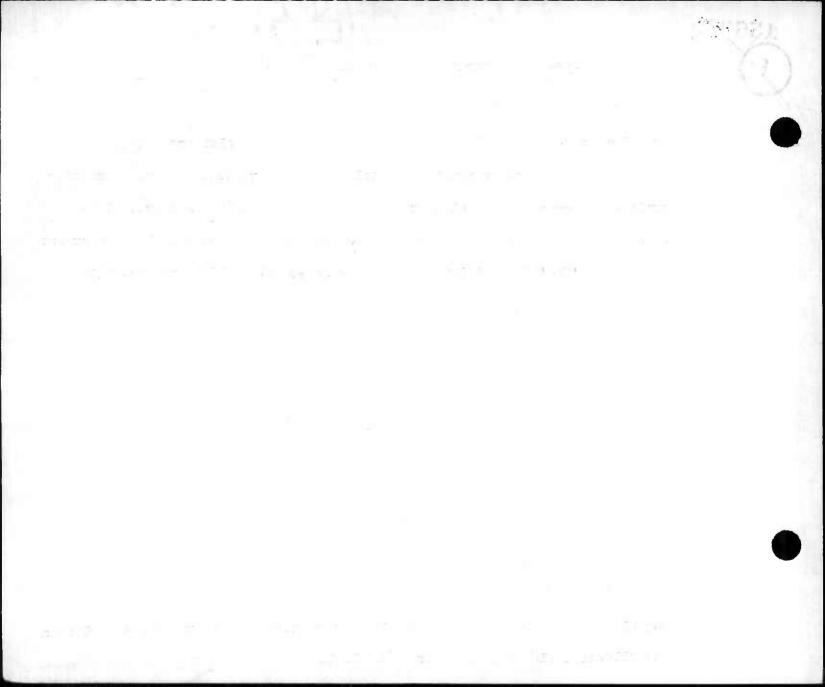
Julia Davidson Bando 12

	REGISTRAK					TEATE OF BEATT	REG. N	Ο.			
	CEASED NAME E OR PRINT)	Rose		arie	< !	Smith	26 DATE OF DEATH	MONTH DA		26 HOUR	
2.65		Rosi	4. RACE	ARIE	5. DATE O	IVIII H	6 AGE (IN YEARS LAST BIR		0 - 85	7.45 IF UNDER 24	M
3. SE	EMALE		White		MONTH		64		ONTHS DAYS		MIN.
	RTHPLACE (STATE OR COUNTRY)		76. CITIZEN OF V		RY? 8	D NEVER MARRIED XX	9 BALTIMORE CITY C	R COUNTY C	F DEATH		
Pe	ennsylvani	a	U.S.	Α.	WIDOWE		Doltima	re City	7		MD
	BALTIMO		Good Sa	iospital, nu hracility, give s <b>marata</b> :	RSING HOME ( TREET ADDRESS)  N HOSPI	or other institution tal	120 USUAL OCCUPAT LITYPE OF WORK FOR MOST O Production	OF WORKING LIFE)	INDUSTRY	of BUSINESS nting	SOR
13o.	at residence (IF NUR STATE aryland	13b COUN		Balti	NWO	134. INSIDE CITY LIMITS?	13e.SIREET ADDRESS 1375 Lim	ZIP CODE it Ave.	2123	9	
	ATHER'S NAME		WIDDIE	LAST		15. MOTHER'S MAIDEN NA				CT.	
	Joseph	,	P.	Sm	ith	Josephine	MKN X KX	XX Alic	e McD	ermitt	t
	WAS DECEASED EVER			166 SOCIALS	ECURITY NO.	17. INFORMANT	ADDR				
	YES NO OR UNKNOWN)	153-1	61 OR DATES)	190-12	-2528	Miss Janet H	Tale 1375 Li	nit Av∈	212	39	
TION		mediate ng the e last.	DUE TO, OR  (c)  ONDITIONS CO		TO DEATH BUT	NOT RELATED TO THE TERM					_
CERTIFICATION	196 DATE OF OPERA	TION	196 CONDI	TION FOR WI	HICH OPERATIO	IN WAS PERFORMED	206 AUTOPSY?	20b. IF YES, Y IN CERTIFY! YES		NGS USED S OF DEATHS	?
	21a. ACCIDENT WAS UN OR CONTRIBUTING []	CAUSE OF DEA	in .	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUI		RY IN HEM 18 PAR	T I OR PART 2)		
MEDICAL	21d INJURY OCCUR	HILE	21e. PLACE C	OF INJURY EET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	IWN	COUNTY	STA'	TE
		ed alive on.	-	30 - 1	9.55.0	nd that in (my) (aur) opinion			and from the		
	226. SIGNATURE	rera	Roo Ed	loca.	M - D	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c DATE	SIGNED	
	22d PHYSICIAN'S N LOKESI			EDA	RA	CO GOODS	MARITAR	140581	TAL, M	BALTI	pro
	BURIAL, CREMATION,	REMOVAL				EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STAT	TE
	Surial		6-3-85		Immacul:	ate Conceptio					a
24 F	UNERAL DIRECTOR					25a DA	TE REC'D. BY REGISTRAR	256. REGISTRA	AR'S SIGNAT	TURE	

Mitchell-Wiedefeld Home 6500 York Road 21212

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



executed within 24 hours ofter

certificate be

death

requires that the

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PHYSICIAN: The

etoined by the hospital or attending physician OR ATTENDING

TO HOSPITAL

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and a should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is morked ar Hem 18 shows any injury, or ather traumatic event, the

medical exte

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cuted within 24 hours ofter death. Page 4 mach	completely filled in by the funeral director, preg-3 s and 2 should be filed within 72 hours after Decth	
er death. F	e funerol o within 72 h	ol examiner must be notified of ance.
l hours off	ed in by the	st be notif
within 24	oletely fille nd 2 should	aminer
cuted	COM	8 -

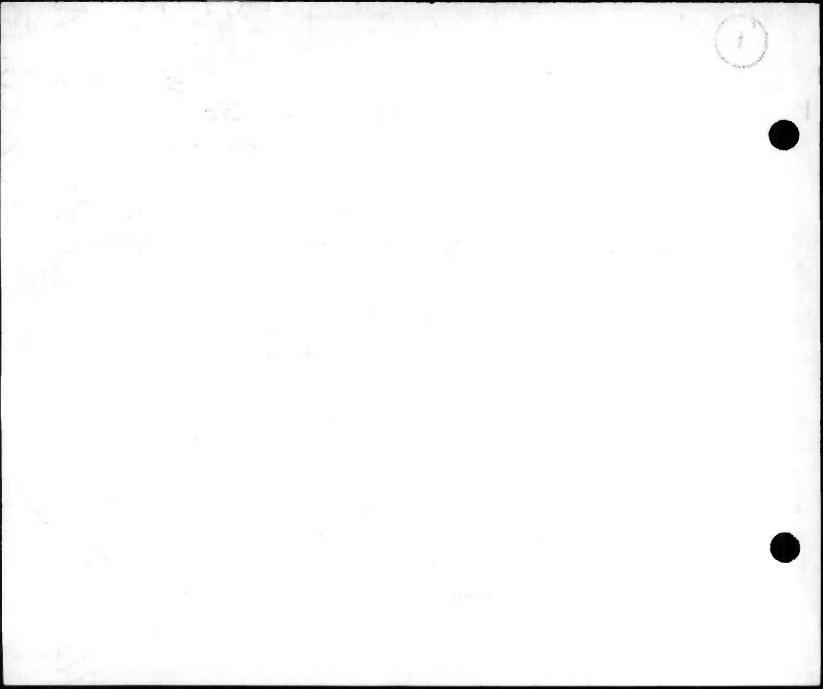
FOR - STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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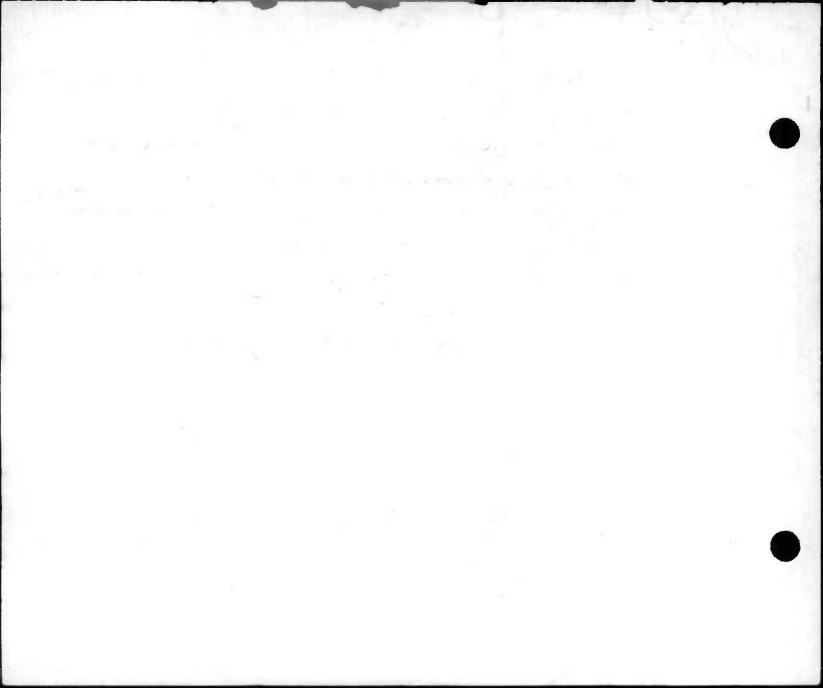
ı	REGISTRAR			CERTIFICA	IE OF DEATH	REC	3. NO.				
ı	1. DECEASED NAME		MIDDLE	(AST	- 1	20. DATE OF DEAT	H MONTH		2000	2b HOUR	^
ı	2	SHIRLEY		Smit			02	-	28	1120	M
	3. SEX	4.6	RACE	5. DATE OF BI	RTH YEAR	6 AGE (IN YEARS LAS	ST BIRTHDAY)	# UNDER		IF UNDER 24	A HRS
	FEMI	7LE 1	SCHICK	11-	6-46	30	YRS				
1	70. BIRTHPLACE (ST	TATE OR FOREIGN 76	CITIZEN OF WHAT COUNT	MARRIED	NEVER MARRIED	9 BALTIMORE CIT	Y OR COUN	TY OF DEA	TH .	11	
4	10. CITY OR TOWN	OF DEATH III.	NAME OF HOSPITAL, NU	WIDOWED [	DIVORCED [	12g USUAL OCCUP	MOKA	1121. 1	//	BUSINES	MD.
	BACTI	MORE D	(IF NOT IN SUCH FACILITY, GIVES	Center	THER INSTITUTION	TYPE OF WORK FOR MO			JSTRY	BUSINES	SOR
	MARYL	ANI)	TER INSTITUTION, GIVE RESIDENCE BILLIANS INSTITUTION OF THE SACTOR	TOWN 13d	INSIDE CITY LIMITS?	13e.STREET ADDRE	SS / ZIP CO	DE 9NK	711	137	3
	14 FATHER'S NAME	MIDE	DIE AST	15	MOTHER'S MAIDEN NA	AME MIDE	LE		AST		
1	11100	5	OHENDI	VUK	ALIC	6	9 W		7		
ŀ	160 WAS DECEASED	DEVER IN U.S. ARMEI		SECURITY NO. 17	INFORMANT	AD	DDRESS	-00	300 6		
١	NO		2150	2 20111	UCE SME	TH 1720	Wit	KHIK	1-1	11	2/.
ı		DEATH (Enter only of ATH WAS CAUSED B	one couse per line for (0), (b Y:	ond (c).1				BE	TWEEN	NATE INTERV	EATH
1		IMMEDIATE C	AUSE (o)	Server	250					0	
ı			DUE TO, OR AS A CONSI		1 million	1		10	ndit	Tomas	inti
ı	gove rise t	if ony, which to immediate	(b)	1002	Transport	<u> </u>			1 4100	00 01100	and
		stating the couse lost.	DUE TO, OR AS A CONSI	EQUENCE OF	0						
1	PART 2. OTHE	R SIGNIFICANT CON	NDITIONS CONTRIBUTING	TO DEATH BUT NO	RELATED TO THE TERM	AINAL DISEASE OR C	ONDITION	SIVEN IN PA	ART Ita		
	<u>o</u>										
7	NOTA 190 DATE OF C	OPERATION	19b. CONDITION FOR WE	TICH OPERATION W	AS PERFORMED	20a AUTOPSY?	IN CER	TIFYING CA	FINDING AUSES (	OF DEATH	1?
4	21a ACCIDENT	WAS UNDERLYING	21b. TIME OF INJURY	[2]	. HOW INJURY OCCUR	YES NO		YES	ART 21	NO [	
7	On CONTRIBUTE	NG CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR		(Enternation of					
	(IF EITHER NOT 21d. INJURY O	CCURRED	P.M. 21e. PLACE OF INJURY	19	LOCATION						
ı	WHILE AT WORK	NOT WHILE	(AT HOME STREET, FACTORY, OF	FICE, FARM, ETC.)	STREET	CITY	OR TOWN	COU	NIY	STA	4TE
1			ottended the deceased fro	om 4-2	1 18 8	10 5	7	19 85	. 1	hot (I) (we	eylost
1	sow there	deceased all and	the body ofter death.	(1)	of in (my)(our) pinion	death occurred on th	dote and h	our and fre	om the c	ouses stat	ed
1	22b. SIGNATU		The body offer deom.	DEG	REE			22c	DATES	FINED-	-
1		1 (	- ( whym	)	ATTENDING PHYSICIAN	MEDICAL S	STAFF YSICIAN 🕒	/ "	5/9	182	
	22d. PHYSICIA	1 Charle Type propri	Colgan	220	611 Su.	Charles	57.	BuH	. /	MD.	
7	23a. BURIAL, CREMA	TION, REMOVAL	23b. DATE	23c. NAME OF CEME	TERY OR CREMATORY	23d LOCATION	'N	# 674 to 171		21.	76 4
	(SPECIFY) BU	RIAC	05-13-85	Mt. A	BURN	BALT	MOR	EX	MA	RVI	ANU
	24 FUNERAL DIRECT	FOR	ADDR	E55 O = =	25a. DA	TE REC'D. BY REGISTI	7 77 .				0
	OLOWN/T	HOMYSON &	. H. 1913 L	1. BALTO	57. M	AY 1 4 198	51	David	301-1	Continue	~

DHMH - 16 50M 4/83 (VRA 15, 4)



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& V	1 -	FOR STATE		DEPART		EALTH AND M		NE 8	5		4 2	3 4
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1000		EASED NAME FIRST OR PRINT)	,	MIDDLE	1	AST		20 DATE OF D	EATH M	ONTH DAY	YEAR	2b. HOUR
7 3		Willi	3	P.	2	mith			(	5 10	1 82	6 PM
	3. SE)		4 RACE		5. DATE C			, AGE (IN YEA	RS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1 10 1		Male	61	Comment of the Commen	MONTH 4	2	13		2	YRS.		
6 52		THPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY	? 8. MARRIE	D NEVER M	ARRIED -	BALTIMORE	CITY OR	COUNTY O		
10 to 10 to		N. C.		SA	WIDOWE	D DIV	ORCED [			2000	C1+-	MD.
1 11 19		Y OR TOWN OF DEATH		HOSPITAL, NURS		OR OTHER INSTI	1	(TYPE OF WORK F			12b. KIND OF INDUSTRY	BUSINESS OR
1201		L RESIDENCE (IF NURSING HOME C	DR OTHER INSTITUTION	GIVE RESIDENCE BEFO	IPE ADMISSIONI	RICAL	CENTER					21222
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 21 frount attending physician.  Wher this certificate has been signed by the attending physician and completely lilled in the state that certificate has been signed by the attending physician and completely lilled in the state burial-transit permit. Then please remove corbon papers. Pages I and 2 should be the hand Mental Hygiene prior to burial, cremation, or removal.  And Mental Hygiene prior to burial, cremation, or removal.  And Mental Hygiene prior to ather traumotic event, the medical examiner ment be an executed or them.	13a. S	TATE 136 COL	INTY	13c CITY OR TO	WN	13d. INSIDE CIT	TY LIMITS?	2 8 0		ZIP CODE		31223
YLAN ithin 2 sho	14_FA	THER'S NAME		1 2007/14	THO THE	-	MAIDEN NAM	E		. 11 36	5	
MAR?		Hubert	MIDDLE	5mit	ch	É	U OLL		MIDDLE		LAST	
scuted and a comp		AS DECEASED EVER IN U.S. A		166 SOCIAL SEC		17. INFORMAN			ADDRES:			
MORE, nond co	()	ES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES	239-05	- 5182	Virgir	ria Si	nith	280	3 ki	insen	Aua.
ALTIN sicion pers. F ol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per	r line to tai, ibi, a	ind is	4	0 -	4-			APPROXIM BETWEEN O	NATE INTERVAL NSET AND DEATH
T., B		PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (a)	1 and	unon	47	(Mes					
ON S nding corbo or re- notic e				R AS A CONSEC	UENCE OF	1 (	1				1	
deoth ce attending nove corb attan, ar it traumotic		Conditions, if ony, which	( 6)_	Sur	unter	- Un	Lim	1 CA	mer	_	61	np.
the of the ceman		gave rise to immediate cause (o), stating the	DUE TO, O	R AS A COMSEQ	UENCE OF		1	8				
on W. P		underlying cause last	( 10_		STEP COMPOSE			V.:				
RDS, 201	z	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMIN	AL DISEASE	OR CONDI	TION GIVEN	IN PART To	
ORD required by the control of the c	CERTIFICATION	190 DATE OF OPERATION	101 00110	OITION FOR WHIC		NI WAS BERES		20a AUTOP	cv2	201 IEVES V	WERE FINDING	CCUCED
I RECOR	P.F.	196 DATE OF OPERATION	196 COND	DITION FOR WHIC	HOPEKATIO	N WAS PERFOR	(WED			IN CERTIFYI	NG CAUSES C	OF DEATH?
ON OF VITAL R HYSICIAN: The II ding physicion. Is certificate hos burial-tronsit per Mental Hygiene or frem 18 shows	ERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME C	OF IN HIPY		121r HOW IN I	URY OCCURRE		40 <b>V</b>	YES		NO []
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PHY tendir the bu	ME	WHILE A NOT WHILE		REET, FACTORY, OFFICE	FARM ETC ]	STREET			CITY OR TOW	N	COUNTY	STATE
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		220.1 certify that (1) (this has saw the Decembed alive a	- 1	10 19	1	nd that in (my) (	our) opinion de	oth occurred	on the date	e and hour a		
OR ATTEN or hospitol DIRECTOR oched for up Dept. of the		22b, SIGNATURE	of view the bady	after deoth.	0	DEGREE					22c. DATE S	
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Of of the state of	73n F	URIAL, CREMATION, REMOVA	L 23b, DATE		NAMEGEO	EMETERY OR C	DEMATORY	234 LOCAT	ION	11	100111	- /
BP	34.	Furial	5/14/			Hill C		CITY OF	NWOTS	unde	COUNTY Co.	. STAFE
		INERAL DIRECTOR	-//				250. DATE	REC'D. BY REC	GISTRAR 2	Sb. REGISTRA	R'S SIGNATU	IRE) 1. 100 .
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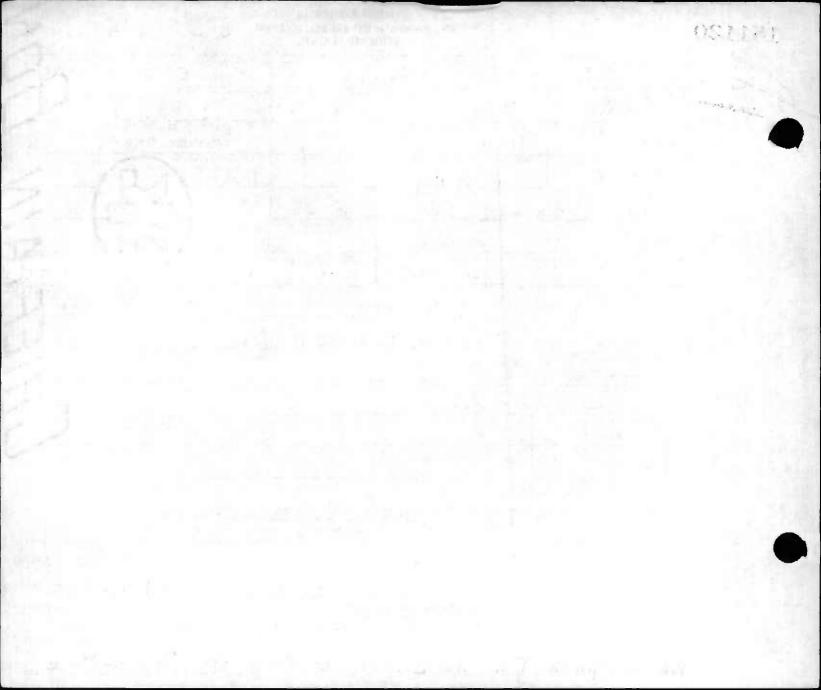
### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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AN HELEN		death result	•	ural couses .	Accident		icide		icide X		rmined manner		у арініан		
IN BEING		deamireson	1	a C - C	Accident	1/ 0	icide	-	SPECIFY)	Ondere	rmined manner	L., .			
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TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	~	EXAMINER'S (TYPE OR PRI	NAME Mar	garita A.	Kore	17,M.D	•	ADDRESS_	111	Penn S	Street				14
53.45.E.S.	23a. l			<sup>23b. DATE</sup> 5/30/85	23€ 1	NAME OF CEA	METERY O	RCREMAT	ORY	23d. LO	CATION		COUNTY		
07/84 BP		BUKTAI	1	5/30/85	Mo	ount (	Calv	ary	Cem.	Ani	ne Aru	ndel	Co,	Mo	ä.
25M DHMH - 17		UNERAL DIREC	CTOR	Anness					25a. DATE	REC'D. BY	REGISTRAR 25	B REGISTRAF	R'S SIGNATU	JRE DZ	
(VR A15 ME (5))	W	m C Ma	arch F/H	H Inc. 1	101	E Nort	th A	venu	PAIL	49	1985	a provide	May Amy	-	

**DHMH - 17** (VR A15 ME (5 

1120	1.	FOR STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	4236
( ) di		OR PRINT)	WIDDLE	SIROT	wden	20. DATE OF DEATH MONTH D	3 85 3:30 A
and the same of	3. SE		1. RACE Black	5 DATE (	OF BIRTH H DAY YEAR		IF UNDER I YEAR IF UNDER 24 HRS
an 72 hours		RTHPLACE (STATE OR FOREIGN COUNTRY) ryland -	76 CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWS	ED NEVER MARRIED	Baltimore City or County	
4 37		Baltmac	11. NAME OF HOSPITAL, NURSH (IF NOT IN SUCH FACILITY, GIVE STREET)	T ADDRESS)	\	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	HE KIND OF BUSINESS OR INDUSTRY
ad blood by		MD Ba	OTHER INSTITUTION GIVE RES <mark>V</mark> ENCE BEFOR ITY 13c. CITY OR TOV SAM		YES P NO	13 STREET ADDRESS / ZIP CODE 915 Abbott Co	ourt 21202
ord 2			Snowde	en	Jeannet	MIDDLE	liams
Pages	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECTOR		Mary C. St	ADDRESS <b>évenson</b> ERO-ME	, 09090. BOD-TAGO APO,1
physicio in popers. imovol. ivent, the			ly one cause per line for 101, (b), at D BY. E CAUSE (a)	nd ic 3r	rest	J	APPROXIMATE INTERVALATED BETWEEN ONSET AND DEALETED  S WM.
signed by the offendin hen pleose remove carb to buriol, cremotion, or jury, or other traumatic	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEOU	DEATH BUT	EXCENSIVA OF CO	S <b>lou</b> INAL DISEASE OR CONDITION GIVE	N IN PART Tro
ene prior ows any in	CERTIFICATION	190 DATE OF OPERATION NOVE	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		WERE FINDINGS USED YING CAUSES OF DEATH?
tem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D	OAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)
rked or	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM ETC )	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
far use o of Heolth			tal) attended the deceased fram.  5/23  19  1) view the body after death.	May	1 11	to Nay 2-3, 1 leoth accurred on the date and hour	9 85, that (I) (we) lost and from the causes stated
detached ate Dept. IT: If Item		226. SIGNATURE 2d	61	WO.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/23/85
should be deto with the State [ IMPORTANT: If		22d PHYSICIAN'S NAME LYPE OF	wers.		22e ADDRESS 301 St	Paul Place Balt	t 40 21202
S	В	BURIAL, CREMATION, REMOVAL URIAL	23b. DATE 5/28/85 Ne	NAME OF C	thedral Cem		Md. STATE
16 60M 7/84 A 15, 4)	24 FI	INERAL DIRECTOR NAME  L. C. Morch	Felf Wolfess	Z1 N1		REC'D. BY REGISTRAR 25B. REGISTR	MAR'S SIGNATURE



FOR - STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

In College Area Name   Test   Modes   Test   Modes   Test   Modes   Test   Te	1		REGISTRAR				ICAIL OI DE			REG. NO	D.			
BENJAMIN  SNYDER  MAY 1, 1985  3:20 M  MALE  WHITE  JOHN  JO					MIDDLE		LAST		20. DATE OF DE	EATH	MONTH	DAY YEAR	26. HOUR P.	
MALE  WHITE  JAN  JAN  JAN  JAN  JAN  JAN  JAN  JA		TITPE		N			SNYDER		MAY	1,	1985		3:20 M	
MALE WHITE JAN. 1904 81 yes.    MARYLAND   USA   WDOWED   DWORCE   BALTIMORE CITY OR COUNTY OF DEATH		3. SEX	(	4. RACE				WF . 0						
MARKED   USA    MODIFIED   DROWNED	1												HOURS MIN.	
BALTIMORE   11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   178 USUAL OCCUPATION   178 USUAL OCCUPATIO	-	Za-BI	CHAITEN			8.	D NEVER MA	RRIEDXX	9 BALTIMORE	CITY O	R COUNTY	Y OF DEATH		
BALTIMORE  UNION MEMORIAL HOSPITAL  DEPART OF CHERRISTONIFIC AUGUST STREET ADDRESSY, ZIP CODE  SOUNDLY WINTY ACCOUNTING  ACCOU	5		MARYLAND			MIDOM	DIVC	DIRCED [	1					
BALTIMORE UNION MEMORIAL HOSPITAL ACCOUNTANT ACCOUNTING  USUAL RESIDENCE (IP NURSH-WASHOULD ON FERSION SON)  IBLE ACCOUNTING							OR OTHER INSTIT	UTION						
Table   Tabl	1			UN	ION MEMOR	ORIAL HOSPITAL   ACCOUNTANT   ACCOUNTING								
MEYER  MEYER  MEYER  MEYER  MEYER  SNYBER  FANNIE  FANNIE  CAPLAN  18. WAS DECEASED EVER IN U.S. ARMED FORCES?  18. SOCIAL SECURITY NO.  216-03-3357  500 W. UNIV. PKWY. BALTO., MD 21210  18. CAUSE OF DEATH. Enter only one couse per line for 10, (b), and ic.)  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (c).  DUE 10, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse ioi. stolling the underlying couse lost.  Conditions if ony, which gove rise to immediate couse lost.  Conditions of the Significant Condition For which Operation was performed.  DUE 10, OR AS A CONSEQUENCE OF  Underlying couse lost.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  DIS DATE OF OPERATION.  18. ACCEPT MANUFARTH CONDITIONS CONTRIBUTION TO WHICH OPERATION WAS PERFORMED.  18. ACCEPT MANUFARTH CONDITIONS CONTRIBUTION TO WHICH OPERATION WAS PERFORMED.  19. DATE OF OPERATION.  19. DATE OF OP	5	13a. S	TATE 136 COUR				YES X	10 🗌		DRESS / UNI	V. AP	T. 7D	#21210	
18 CAUSE OF DEATH   Enter only one couse per line for ion, (b), and ic		14. FA		WIDDLE	CNVDED					VIDDIE		C A	SI. AN	
Tensor   T	-									-				
18. CAUSE OF DEATH LENTER only one cause per line for (a), (b), and (c)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gove rise to immediate cause (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  DI C S-CLUS MALL.  198. CONDITION FOR WHICH OPERATION WAS PERFORMED  198. CONDITION FOR WHICH OPERATION WAS PERFORMED  216. ACCORNIBUTING CAUSE OF DEATH HOUR AM. MONTH DAY YEAR  216. HOW INJURY OCCURRED  216. INJURY OCCURRED  216. INJURY OCCURRED  216. INJURY OCCURRED  216. INJURY OCCURRED  216. INJURY OCCURRED  216. INJURY OCCURRED  216. INJURY OCCURRED  216. INJURY OCCURRED  216. INJURY OCCURRED  217. INDUSTRIES INJURY  218. INDUSTRIES INJURY  218. INDUSTRIES INJURY  219. INDUSTRIES INJURY  219. INDUSTRIES INJURY  210. INDUSTRIES INJURY  210. INDUSTRIES INJURY  211. INDUSTRIES INJURY  212. INDUSTRIES INJURY  222. I Certify the (1) (this hospital) attended the deceased from August in item 18 PART 1 OR PART 2)  222. INDUSTRIES INJURY  223. SURIAL, CREMATION, REMOVAL [138. DATE]  236. NAME OF CEMETERY OR CREMATORY [234. IOCATION]  236. BURIAL, CREMATION, REMOVAL [138. DATE]  236. NAME OF CEMETERY OR CREMATORY [234. IOCATION]		16a W	VAS DECEASED EVER IN U.S. AR (15 YES, GI)											
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19g. DATE OF OPERATION   19b. CONDITION FOR WHICH OPERATION WAS PERFORMED   20g. AUTOPSY?   20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES   NO	ì								**					
OR CONTRIBUTING CAUSE OF DEATH		-	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	O THE TERM	INAL DISEASE O	RCON	OITION GIV	VEN IN PART 1	lo	
OR CONTRIBUTING CAUSE OF DEATH		NO	bisbetes	mull.	til									
OR CONTRIBUTING CAUSE OF DEATH	)	FICAT	19a. DATE OF OPERATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORA	AED	20a AUTOPS	Y?	IN CERTI	FYING CAUSES	S OF DEATH?	
OR CONTRIBUTING CAUSE OF DEATH	1	ER	ACCIDENT WAS UNDERLYING F	216 71445 0	F IN LUIDY		21. HOW BUIL	DV OCCUP	1.50	ο <b>Χ</b>			NO [	
220.1 certify the (I) this haspital) attended the deceased from Avgust 19 3, to May 19 3, the (I) we) lost sow the deceased of the one observe (I) the) (did did not) yew the bady after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIRECT	1		OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DA		ZIE HOW INJU	KT OCCUR	KED (ENTER NATUR	E OF INJUR	IN ITEM 18 I	PART 1 OR PART 2)		
220.1 certify the (I) this haspital) attended the deceased from Avgust 19 3, to May 19 3, the (I) we) lost sow the deceased of the one observe (I) the) (did did not) yew the bady after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIRECT		50				19	21f LOCATION		-					
Sow the deceased after an arrange of the date and hour and from the couses stated above (II) we) (did (did not) yew the body after death.  22b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECT		ME	WHILE NOT WHILE				STREET			TITY OR TO	WM	COUNTY	STATE	
226. BURIAL, CREMATION, REMOVAL 236. DATE 126. NAME OF CEMETERY OR CREMATORY 236. LOCATION 2276. DATE RIGHER 2276. DATE				00		AU	905t 5	19 83	to^				that (I) we) last	
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA				1) yew the bady	after death.			ur) opinian (	death accurred o	on the do	ite and hou			
22d. PHYSICIAN'S NAME (IVPE OR PRINT)  1RA T. FINE., MD  22e. ADDRESS  222 W. COLDSPRING LA. BALTO., MD  230. BURIAL, CREMATION, REMOVAL 23b. DATE  23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION			226. SIGNATURE	3-1				ENDING A	MEDICAL	STAF	F IANI 🗆	5/	2/85	
230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION			22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)				ISICIAN	DIRECTOR	rnisic	IAIV			
		-	IRA T. F	INE., M	D		222 1	V. COL	DSPRING	LA.	E	BALTO.,	MD	
		23a. 8	URIAL, CREMATION, REMOVAL								) PA	1 ምዋ <b>ሃ</b> ለርው	E MINE	

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After should be detached for use os with the State Dept. of Health.

injury, or other troumatic event,

and Mental Hygiene prior to burial, cremotion,

PHYSICIAN: The

ENDING

TO HOSPITAL

the hospital

BP.

MPORTANT: If Item 21 is marked or Item 18 shaws ony

(VRA 15, 4)

24 FUNERAL DIRECTOR 6010 REISTERSTOWN RD.

MAY 3,1985 SOL LEVINSON & BROS., INC.

BNAI ISRAEL (MISHKON ISRAEL SEC.)

21215

BALTO:, MD

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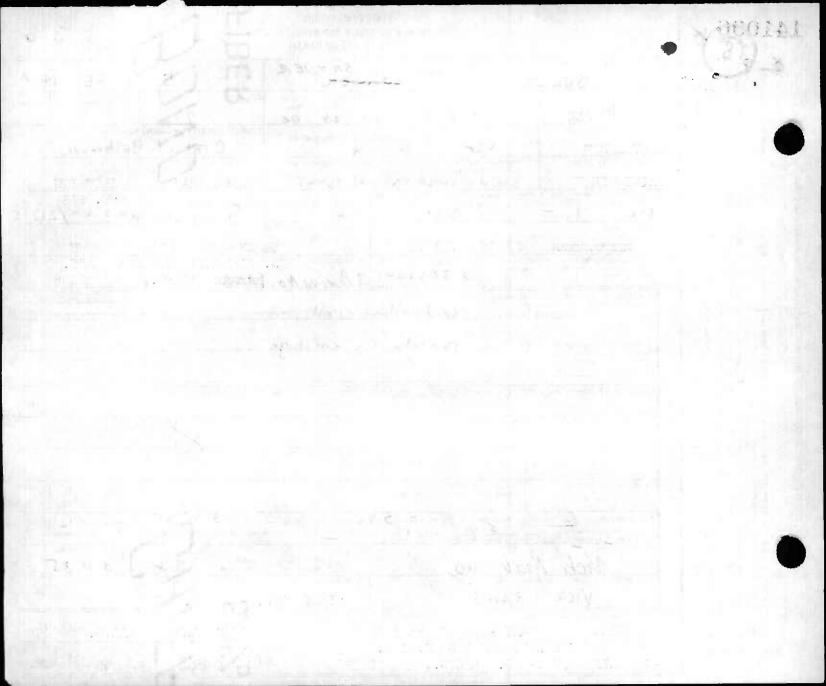
BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

manufacon-Handalle

BLVD:

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

41086	9	FOR STATE REGISTRAR			DEPAR	TMENT OF H	EALTH AND M	ENTAL HYG	0	REG. NO.	1 4	DEATH  TO MADE MD.  28. KIND OF BUSINESS OR  NOUSTRY  CLOTHING  PT. 515  S		
		OR PRINT)	ILIUS		MIDDLE	SYA	SNY	DER	20. DATE OF DE	ATH MONTH			A	
ge 4 may	3. SE			RACE	$\omega$ HITE	5. DATE C	DAY	YEAR OS	6 AGE (IN YEAR	76 YRS	MONTHS	DAYS H		
death. Pour property of proces.		RTHPLACE (STATE OR FORE COUNTRY)  ARYLAND	IGN 7b.		WHAT COUNTR	Y? 8 MARRIEL WIDOWE	NEVER M	ARRIED	9 BALTIMORE	CITY OR COUN		altimere MD.		
by the fune filled within	-	BALTIMORE	11.	NAME OF I	HOSPITAL, NURS	SING HOME O	of BA	_	120 USUAL OCI (TYPE OF WORK FO	R MOST OF WORKING	LIFE) INDU	STRY		
hac be		AL RESIDENCE (IF NURSING STATE 13)	COUNTY		13c. CITY OR TO		13d. INSIDE CIT	Y LIMITS?	13e STREET ADD		/UL		/	
ampletely and 2 sh		ATHER'S NAME FIRST  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		MORRIS			15. MOTHER'S	IRST XX	XXXXXXXX			NOWN		
rtificate be execut physicion and co anpopers, Pages emaval.		VAS DECEASED EVER IN YES NO OR UNKNOWN) (1	U.S. ARMEI F YES, GIVE WA		166 SOCIAL SE 21303		3 Pomon		FLOREN		, MD	212	208	
NG PHYSICIAN: The law requires that the death certificate be executed within 24 after this certificate has been signed by the attending physician and campletely filler as the burial-transit permit. Then please remave carbanpopers. Pages frond 2 should thand Mental Hygiene prior to burial, cremation, ar remaval.	NO	3	iote the lost.	(c)	R AS A CONSEC	DUENCE OF	a end	o o	INAL DISEASE O	r condition (	GIVEN IN PA	RT Ito		
he faw re on. has been t permit. I ene prior	CERTIFICATION	19a. DATE OF OPERATIO	2	19b. CONDI	TION FOR WHI	CH OPERATION	N WAS PERFOR	MED	200 AUTOPS	IN CER		USES OF	DEATH?	
SICIAN: T ng physici certificate urial-transi ental Hygi frem 18 sh		218. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL E	SE OF DEATH	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	21c HOW INJ	URY OCCURR	ED (ENTER NATURE	OF INJURY IN ITEM I	8 PART I OR PA	RT 2)		
DING PHYS ar attendin After this c as the bu	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK			EET, FACTORY, OFFIC		211. LOCATION STREET	7	c	TY OR TOWN	COUN	TY	STATE	
ATTENDI aspital ar ECTOR: A d far use at, af Heal m 21 is m		22a.1 certify that (I) (the saw the deceased a above, (I) (we) (did) 22b. SIGNATURE	alive on	5,	11 19	, on	d that in (my) (	, 19 our) opinion c	to 5.					
TO HOSPITAL OR retained by the h TO FUNERAL DIR. should be detache with the State Dept. IMPORTANT: if ite		Vick 224. PHYSICIAN'S NAME	(TYPE OR PR	ial .	MD			TENDING HYSICIAN	MEDICAL DIRECTOR	STAFF	3	T.11.	85	
TO HOSP, retained & TO FUNE should be with the S IMPORTA	23e. E	VIC	MOVAL 12	RAA(		c NAME OF C	SINA METERY OR CE		23d LOCATIO	N				
ВР	24. FI	BURIAL  UNERAL DIRECTOR S		MAY 12	,1985 & BROS	BNAI RE	EUBEN	25a DATE	ROSE	DALE STRAR 256. REG	BALT ISTRAR'S SIG		STATE MD	
DHMH - 16 50M 4/83 (VRA 15, 4)		010 REISTER			BALTO.,		21215		AY 1 B	1985	ia David	50N-A	ander	



FOR STATE REGIS

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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Lia, Tourdon Bandalle

		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	).		
		CEASED NAME FIRST OR PRINT) JOSEPH	h Robert	Southard	AST	May 3, 19	85		:30 P.
	3. SEX	Male	4. RACE White		DE BIRTH 4-17-1907 YEAR	6. AGE (IN YEARS LAST BIRT	YRS.	THS DAYS H	F UNDER 24 HRS HOURS MIN.
5	B	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT	MARRIE		Baltimo	re ity	4	MD.
9		Baltimore	HENOT PRIMITING	Leneagle R	pad - 21239	120 USUAL OCCUPATION BY	WORKING LIFE)	IZE KIND OF B	
5	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUR		alto.	13d INSIDE CITY LIMITS? YES 🛣 NO 🗍 15. MOTHER'S MAIDEN NA	13e.STREET ADDRESS /		Road-21	1239
-		mach S.	Southard	LAST	Anna Maria	Theresa Lev	tmer	LAST	
		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIT		3-01-3882	Mrs. Virgin	COUNT	33	Balto.	eneagle M.212
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA		Despira	TORY F.	AILURE		BETWEEN ONS	SET AND DEATH
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A	CONSEQUENCE OF		AINAL DISFASE OR CONI	DITION GIVEN		YRS
	NOIL	CoRoa	ARY A	PRIERY OR WHICH OPERATIO	DISEASE			ERE FINDING:	S HISSE
1	CERTIFICATION	190 DATE OF OPERATION		OR WHICH OPERATIO		YES NO	IN CERTIFYING	G CAUSES OF	
7		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOTIFY MEDICAL EXAMINE)	HOUR A.M. M	RY ONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	r IN ITEM 18 PART I	OR PART ?)	
	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJU	JRY ORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
		220.1 certify that (1) this hosp saw the deceased alive are above (1) we) (did) (did no	MARI	19 8 0	nd that in (my) Gur) opinion	death occurred on the do	te and hour an	d from the cou	ot (I) (we) lost uses stoted
		22b. SIGNATURE	Atri		DEGREE  MD ATTENDING PHYSICIAN	MEDICAL STAP		5/6/	GNED S
		JAMES	E. FISH	MD	22e ADDRESS 560 BAL	TIMORE	PAUEN Ma	2/23	YS 9
		SURIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	cc	YINUC	STATE
		Burial	5-6-85	Parkus	od Cem. 25a DA	TE REC'D. BY REGISTRAN	AL 256 REGISTRAR	e's signatur	

MAY 6

John (. Miller Inc-6415 Belair Rd.-21206

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

etained by the hospital or attending physicion.

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other traumotic event, the

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212D1

### FOR STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	5	4	2	de
	PEG NO			

1	REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO.	
	CEASED NAME FIRST	MIDDLE	LA.	ast	20 DATE OF DEATH MON	THE THAT YEAR 25. HOUR
	WILLIAM		SPEN	CER	5	128185 10:3
3 SE	×	4 RACE	S. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS
P	ALE	BACK	5	3 5	80	YRS.
) A	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	MARRIED	NEVER MARRIED	PATTI MORE CITY OR CO	- OTTY
10. C	ITY OR TOWN OF DEATH			ROTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINES
1 4	PALTIMORE	(IF NOT IN SUCH EACHITY; SIVE	STREET ADDRESS)		(TYPE OF WORK FOR MOST OF WOR	KING LIFE) INDUSTRY
	AL RESIDENCE (IF NURSIII & HOME OR I		BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	CODE 21401.
1	MID, ANNAFARAM	A Review of the Control of the Contr	JAPOLIS	YES TO NO	BAY MANOF	
14_F/	ATHER'S NAME	WIDDLE LAS	ī	15. MOTHER'S MAIDEN NA	WE	LAST
	WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b. SOCIAL E WAR OR DATES)	SECURITY NO.	17 INFORMANT	ADDRESS	nnapolis, Md.
	Unkn.	130-0	9-6260	Frances Spe	encer Colleg	e Creek Terrace
	18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y one couse per line for (o), (	The same	. 12 - 10 Pm		APPROXIMATE INTERV BETWEEN ONSET AND D
		E CAUSE (o) CARDI	OFRUM	ONARY TA	ILURE	
	couse (0), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONS  (c)  CONDITIONS CONTRIBUTING		NOT RELATED TO THE TERM	IINAL DISEASE OR CONDITIO	ON GIVEN IN PART 110
ON N						
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION	WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH
E E			1 1 1 1		YES NO NO	YES NO
7 7	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA.  (IF EITHER, NOTIFY MEDICAL EXAMINER)	TH HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN 11	IEM 18 PART I OR PART 2}
MEDIC	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O		211 LOCATION	CITY OR TOWN	COUNTY ST
2	WHILE NOT WHILE AT WORK	TALLOWE, STREET, FACTORI, O	FFICE PARM, ETC.)			
	22a.1 certify that (this hospit	(a) ottended the deceased f	Charles	19 42	2, 10 5/28	19 55 , that U (w
1	sow the deceased alive on above, (li (we) (did) (did not	view the body alter death	19_8 on	d that in (my) (our) opinion	death accurred by the date or	nd haur and from the courses state
	226 SIGNATURE	Altake	IIII	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/28/
	MYSICIAN'S HAME HIPPO	Artole	世冊	3001 S	. Hanover	St. 2123
	BURIAL, CREMATION, REMOVAL	27h. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY STA
	Removal	5/31/85			CHI OK IOWN	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detached for use as the burial-transit permit. Then please remove carbanpopers. Pages with the State Dept. of Health and Mental Hygrene prior to burial, cremation, or removal.

this certificate has been

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

Anatomy Board

Balto., Md.

JUN 5 1985 Julia Davidson Randell The Modern Toring

director, page 3

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9 50	I ar ottending a
9	è
É	thinks.

ther the certificate has been signed by the ottending physician and as the build-transit permit. Then please remove corbonopolitis Pages in and Martial Hypiane print to build, cremotion, or removal.

in ury, or other troumotic event,

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE PEGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

					1
5	i	63	2	63	-1
~			directs.		

	REGISTRAR				R	EG. NO.				
	DECEASED NAME FIRST	WIDDLE	ŁA	ST	2a. DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR		
		May) Ann	SP!	CER		5-	16-85	12:35 AM		
3. 9	SEX	4. RACE	5. DATE OF	BIRTH	6 AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS			
1	Female	White	Marc	ch 11, 1906	79	YRS	MONTHS DAYS	HOURS MIN.		
7a.	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	2 8			CITY OR COUNT	TY OF DEATH			
12	altimore, Md.	U. S. A.	WIDOWED	NEVER MARRIED DIVORCED				MD.		
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OF	<u> </u>	IR USUAT BO			OF BUSINESS OR		
A.	ALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET			House	MOST OF WORKING	LIFE) INDUSTRY			
	UAL RESIDENCE (IF NURSING HOME OF	UNTON MEMORTAL	RE ADMISSION)							
3"	Md. Bal	timore Arbutu	S		135724 ADD	jaktano	Road	-21227		
A.	FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM		DDIE	14	121		
V	Stephen .	Herber	t	Adeline			West	phal		
160	WAS DECEASED EVER IN U.S. AR		URITY NO.	17. INFORMANT 5724	Oaklar	id Re Rd		tus, Md.		
+	(YES NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES NA 705-05	-8475	-William Po	almer S	picer-	- 2122			
F	Is CAUSE OF DEATH (Enter of	nly one couse per line for (a), (b), a		-				XIMATE INTERVAL I ONSET AND DEATH		
16	PART 1. DE ATH WAS CAUSE	DBY: Dneum					oc mgm	ONSET AND DEATH		
100	IMMEDIA	TE CAUSE (a)								
	Conditions, if any, which ( ) Possible brain stem Infarct									
	Conditions, if ony, which gove rise to immediate									
	couse (o), stoting the DUFTO OR AS A CONSEQUENCE OF									
	underlying couse lost.									
1 7		CONDITIONS CONTRIBUTING TO								
اِ اِ	Right Suboca	ipital cranioto					ial Ne	rre		
78	19a DATE OF OPERATION		FOR WHICH OPERATION WAS PERFORMED					WERE FINDINGS USED YING CAUSES OF DEATH?		
CERTIFICATION	4/15/85	Tic Doulo	ureu	X	YES NO	_	YES [			
1 8	210. ACCIDENT WAS UNDERLYING	LIGHT A MA MONTH D	NAM WEAR	21c HOW INJURY OCCURR	RED (ENTERNATURE	OF INJURY IN ITEM TO	PART I OR PART 2)			
			DAY YEAR							
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	17	211. LOCATION						
A M	MUITE NOT WHITE	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC )	STREET	CI	TY OR TOWN	COUNTY	STATE		
	AT WORK AT WORK		41	14 8.5		116	85			
	sow the deceased alive on	ital) oftended the deceased from.	95 one	that in (my) (our) opinion of	to the conversed or	the data and he	. 19.22.	that (I) (we) last		
	obove, (I) (we) (did) (did no	of) view the body after death.			Jeoni occorred or	The dote ond he				
	PROPERTY LA	Villa	D	EGREE	EDICAL	CTAFF	22c. DATE	ESIGNED		
	111 regar	onea		MD ATTENDING PHYSICIAN	MEDICAL DIRECTOR   1	STAFF PHYSICIAN	511	6/85		
	224 PHYSICIAN'S NAME (TYPE	- 11		22e ADDRESS						
	M Kaya	Sila M.I	U.	UNION MEMORI	FAT. HOSD	דתיאד.				
230	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CE	METERY OR CREMATORY	23d LOCATIO	N				
	(SPECIFY) Burial	- 4 4		Park Cemen	CITY OF TO	iltimor	e Man	ruland		
24		ling Funeral	Fetat	O P A ISS DATE	E REC'D. BY REGI	STRARI256 REGIS	STRAR'S SIGNA	TURE		
1	36 Fdmandaan	Ave.; Catonsv	1110	Ma 21220MA		5 Suna	الماليك المكان	Mary all		
1	Jo Editortason	Ave. ; catonso	LLLE.	MU. CICCO	- D 0	~ 0	F-415			

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR. should be detached for us with the Store Diept, of He

IMPORTANT, If hem 21 is

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Aurial 5/20/85 Lauden Fark Coletory-Vaitimore, Kangland
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attending physician and campletely filled in by the

njury, or ather traumotic

should be detached for use as the burial-tronsit permit. Then please with the State Dept. of Health and Mental Hygiene priar to burial, cr TO FUNERAL DIRECTOR: After this certificate has been

MPORTANT: If Hem 21 is marked ar Hem

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

١	- STATE REGISTRAR		CERTII	ICATE OF DEATH	REG. NO.	/ /	
	1. DECEASED NAME (TYPE OR PRINT)	WARD	MIDDLE	SROKA SR.	20. DATE OF DEATH MO	-/12/85	26 HOUR
	3. SEX male	4. RACE	s. te 5. DATE ( MONT	H DAY YEAR	6 AGE (IN YEARS LAST BIRTHE)	DAYS	IF UNDER 24 HRS HOURS MIN.
100	7e BIRTHPLACE   STATE OR FO COUNTRY) West Virginia	10	WHAT COUNTRY? 8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR C		ME
1	10. CITY OR TOWN OF DEA	TH 11. NAME OF	HOSPITAL, NURSING HOME ( CH FACILITY, GIVE STREET ADDRESS)  S SCOTT KEY ME	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Steel Work	ORKING LIFE) INDUSTRY	F BUSINESS OR Steel
	USUAL RESIDENCE HE NURSH		GIVE RESIDENCE BEFORE ADMISSION) 134. CITY OR TOWN Dundalk	13d. INSIDE CITY LIMITS? YES NO KX	13e.STREET ADDRESS / ZI 1647 Gray Ha	P CODE	21222
-	Jan	WIDDIE	Sroka	15. MOTHER'S MAIDEN NA/ FIRST Catherine	WIDDIE	Klim	
	160. WAS DECEASED EVER I I YES, NO OR UNKNOWN) Yes	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)  WW II	166. SOCIAL SECURITY NO. 234-10-0770	Ruth E. Srok	a ADDRESS		3e
	Conditions, if ony, gove rise to imm couse (a), stating underlying couse	DUE TO, C which	DR AS A CONSEQUENCE OF	polarous diss	g enbolis	(3)	
7	PART 2 OTHER SIGN 19a. DATE OF OPERAT 21a. ACCIDENT WAS UNDI	b (erebro	ONTRIBUTING TO DEATH BUT ON WASCULAN ASSISTED OF WHICH OPERATION	cident IN WAS PERFORMED	200 AUTOPSY?	DIL IF YES, WERE FIND IN CERTIFYING CAUSES YES [	IGS USED
1	21a. ACCIDENT WAS UNDIO OR CONTRIBUTING C  (# EITHER, NOTIFY MEDIC 21d. INJURY OCCURR WHITE NOTIFY MEDIC AT WORK AT WORK	AUSE OF DEATH AL EXAMINER)  ED  21e. PLACE LET HOME SI	OF INJURY  .M. MONTH DAY YEAR  .M. 19  OF INJURY IREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	226. I certify that (I) 226. S G A TURE 226. PHYSIC IAN'S NA	(this hospital) ottended to the following on the body (d) (d) (d) (d) (d) (d) (d) (d) (d) (d)	y offer death. 19 PT., o	nd that i (my) (or) opinion of the control of the control opinion of the control opinion of the control opinion of the control opinion of the control opinion	MEDICAL STAFF DIRECTOR PHYSICIAN	ond hour and from	- Annual Control
	230. BURIAL, CREMATION, P ISPECIFY) Burial	REMOVAL 23b. DATE 5/16/		ens Of Faith	23d LOCATION CITY OF TOWN Baltimore	сочиту Ма	ryland

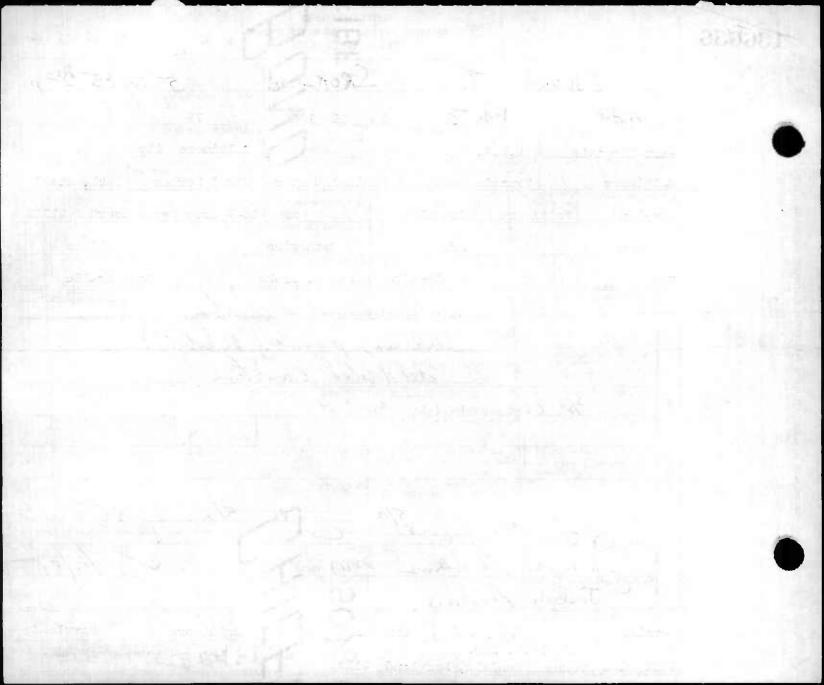
DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Duda-Ruck, Inc. 7922 Wise Avenue Dundalk, Maryland

Gardens Of Faith

21222

Baltimore



(VRA 15, 4)

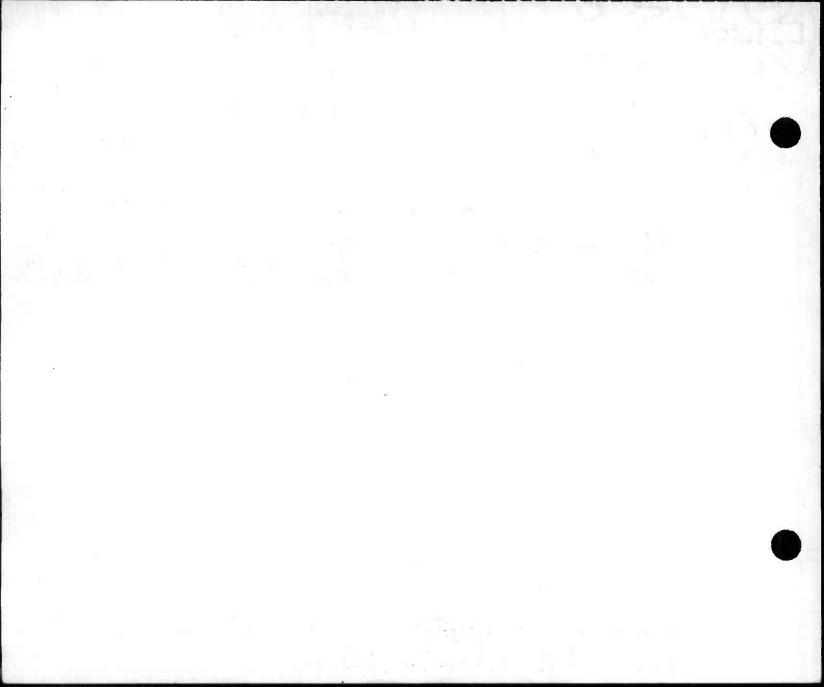
	e T	ther b	3. SEX	· F	4. RACE	5. DATE OF	BIRTH	YEAR	6 AGE (IN YEA
	Decth. Pope	34	m	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWED	NEVER A	AARRIED 📙	9 BALTIMORI
201	on differ	thed a		BALTIMONE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET COOD CAMPUT	THN H	WSP1TA		12a USUAL OC TYPE OF WORK F
AND 21	in 24 hou	phodia is	13a. S MA	RYLAND		PORE	3d. INSIDE C	NO 🗌	353
. MARYI	Uted within 2	Complete Tond 2:	A	THER'S NAME  FIRST  VAS DECEASED EVER IN U.S. AI	RIDDLE KIBUS  RMED FORCES?   166 SOCIAL SECU		UNK	MAIDEN NAM	/
TIMORE	be executed	ond		es no or unknown) (IF YES, GI	VE WAR OR DATES) 214-01-	710)	STEPH	EN W.	STANI
N ST., BAI	certificate	the ottending physicion remove carbon popers. Femotion, or removal. retroumatic event, the n			nly one couse per line for (a), (b), an ED BY:  TE CAUSE (a)  DUE TO, OR AS A CONSEQUI	4 CP III		HLINF TES M	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	requires that the death certificate	\$ 0 5 ±		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	(b)  DUE TO, OR AS A CONSEQUI		21130		
RDS, 20	equires †	t. Then pleose or to buriol, cr y injury, or oth	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT N	IOT RELATED	TO THE TERMI	NAL DISEASE
L RECO	e low	permine prime with a son	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFO	RMED	200 AUTOP
I OF VITA	G PHYSICIAN: The lo ottending physicion.	is certificate has burial-transit per Mental Hygiene or Item 18 shows		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE	HOUR A.M. MONTH D.	AY YEAR	21c. HOW IN	JURY OCCURR	
DIVISION	NG PHYS	os the buth on though when the sund we have don't	MEDICAL	21d INJURY OCCURRED  WMILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC )	211 LOCATIO STREET	ON	
_	R ATTENDING hospital or off	CTOR: A d for use r. of Heal n 21 is m		saw the deceased alive a above, (I) (we) (did) (did n	ortal) attended the deceased from			(aur) apinion d	eath accurred
	ें बै	SAL DIRE detocher tote Depi		Nuamy	in Mitterl war	D		TTENDING PHYSICIAN	MEDICAL DIRECTOR
	O HOSPITA	hould be defined by the Stote		22d. PHYSICIAN'S NAME (TYPE	· · · · · · · · · · · · · · · · · · ·		22e ADDRES	5 601 CD	GAMAN CH NAVE
ė.	0 %	- 3 5	-						-

#17,FilmG603 5/28/85 kam STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙉 FOR STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 1. DECEASED NAME MIDDLE MONTH 26 HOUR 726 (TYPE OR PRINT) 85 SOPHIA STANOWSKi 18 ge 3 A 05 ARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS E CITY OR COUNTY OF DEATH astructe aM. MD. CCUPATION 12h KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE MIDDLE LAST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SEPSis OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ RE OF INJURY IN ITEM 18 PART I OR PART 21 COUNTY STATE CITY OR TOWN that (I) (we) last on the date and hour and from the causes stated 22c DATE SIGNED STAFF PHYSICIAN

DHMH - 16 50M 4/83 (VRA 15, 4)

DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Le Dundren-Andress

RWO BALTO MD21239



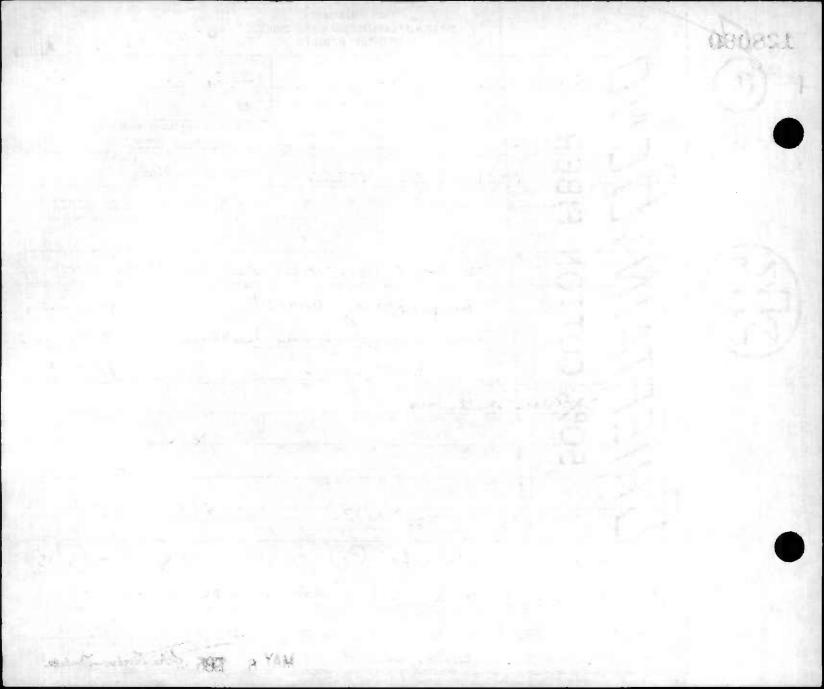
STATE OF MARYLAND 128680 1 - STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REG.	NO.		-4	die	C.
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	REGISTRAN						REG. N	10.			All La	G. F
	ECEASED NAME FIRST	36 1 7 7 1	MIDDLE	STAI	LAST	2a. DATE O		MONTH	DAY	YEAR	2b. HOL	-
	WALT		E .			MAY		1985			12:	141
3. SE		4 RACE White		5. DATE C	7, 1940 YEAR	6 AGE IIN	YEARS LAST B	IRTHDAY)	MONTHS	IF UNDER I YEAR IF UNDER 24 HRS.		
-	Male			act.	7, 1940			YRS				
70 E	BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIE	D NEVER MARRIED			OR COUNT		ATH		
10.0	CITY OR TOWN OF DEATH	USA W			DIVORCED XX	BAL'		RE CI		I'Y MD  126 KIND OF BUSINESS OR		
47	ALTIMORE	(IF NOT IN SUC	NS HOPKI	ADDRESS)				ervic		USTRY	F BUSINI	E22 OK
	JAL RESIDENCE (IF NURSING HOME O 131 COU Balt		13c. CHY OR TOWN		134 INSIDE CITY-LIMITS?	13e.STREET	ADDRESS B. F.	nway	Sout	h 2	2122.	1
1	Melvin	MIDDLE	Stapf LAST		15 MOTHER'S MAIDEN NAM		nway			LAS	t	
	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES?	16b. SOCIAL SECU 219-66-6.		Mrs. Loretta	Gaken	heime			204 Fra	anci	s Rd
HON	Conditions, if ony, which gave rise to immediate cause (a) stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	ues in	MCE OF DEATH BUT					703			year L	
CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES	NO NO	IN CERT	S, WERE IFYING C ES []			TH?
MEDICAL CEN	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  WHITE AT WORK NOT WHITE AT WORK  22a I certify that (II (this hosp saw the deceased alive of above, (I) (we) (did) (did not 22b SIGNATURE  22d PHYSICIAN'S NAME (1995)	ATH HOUR A.  R) P.  21e PLACE (AT HOME STI	M. MONTH DA M. OF INJURY REET, FACTORY OFFICE FA	ARM ETC)	211 LOCATION SIRET  219 nd that in (my) (our) opinion of the physician physician [22e ADDRESS]	, to	CITY OR 1	OWN  3  date and ha	COU 19 ur and fr	UNITY S	that (I) (	
730	Franklin BURIAL, CREMATION, REMOVAL	( . W	etald	IAME OF C	John TEMETERY OR CREMATORY	S (4-	pk:	ns l	losp	, The	al	
	(SPECIFY) Burial	May 6,			y Redeemer	Balt	imor	-	COUNT	Md.		STATE
24 F	FUNERAL DIRECTOR  Leonard J. Rucl	k Inc. B	altimore,	Mary		E REC'D. BY	CP5	R 25b. REGIS	David	SIGNATI	Pande	D.

DHMH - 16 60M 7/B4 (VRA 15, 4)



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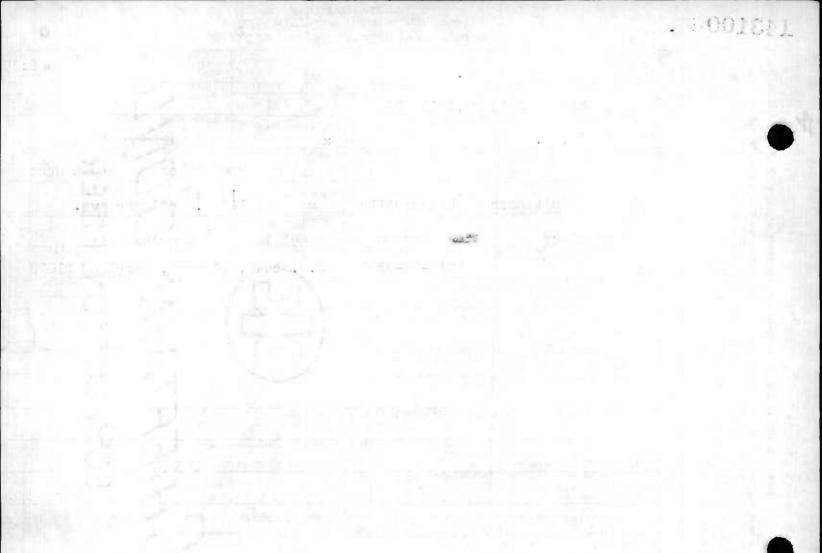
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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G. NO.	0.00			

	REGISTRAR		WEDICA	AL EXAMIN	MEK, 2 CEKI	IFICATE		I/L	G. NO.		
	ECEASED NAM	E FIRST	MIDDI	E	LAST			20 DATE KNOW	N & MONTH	H DAY Y	YEAR 26 H
	TPE OR PRIENT)	Althea	N.		Ste	205		OF ESTI-		5 139	85 6
1.38	EX	4 RACE 5.1	DATE OF BIRTH	6. AGE IN YE	EARS IF UNDER		R 24 HRS.	2c. DATE	MONTH		YEAR 2d. H
	Fa		July 26, 19			AYS HOURS	MIN	PRONOUNCED DEAD	r	5 1319	85 å
2-170.1	BIRTHPLACE (S		CITIZEN OF WHAT CO		Ea.			9 BALTIMORE C	ITY OR COU		
// B	OREIGN COUNTRY	lphia,Pa	USA			NEVERMAR					
Total Control of the	CITY OR TOWN	, ,	NAME OF HOSPITAL.	NI IBEING HOM	WIDOWED X			JAL OCCUPATION	timore		OF BUSINE
38		/	(IF NOT IN SUCH FACILITY, G	IVE STREET ADDRESS)		HUHON	EDR A	MOST OF WORKING LIFE	(TYPE OF WORK	OR INC	Home
405	Baltin	OFE	University				1	me nake.		UWIT	nullie
d / 12a	STATE	INI COUNTY	13c.	CITY OR TOWN	1134 11	ISIDE CITY LIMITS?	13e STRE	EET ADDRESS	. 0	2/07	3
No.	aryland		more L	thervi		NO [		3 W. Ser	ninary	Ave.	
391	FATHER'S NAM	AA.	DDLE	LAST		OTHER'S MAIL	DEN NAME	MIDDLE		LAST	
20		nsselaer		Norman		Nelli	ie	Esci		141	
160.	MES, NO, OR UNKNO	D EVER IN U.S. ARMED	OR DATES)	SOCIAL SECURIT		FORMANT		, , , ,	RESS		
1	No		2.	15-22-9	381	J.D.Ste	ees,	Glencoe	, Mary	land 2	21070
5	18 CAUSE C	F DEATH (Enter anly as	ne cause per line far (a	), (b), and (c).)							XIMATE INTER
- V	PARTID	ATH WAS CAUSED BY	AUSE (a) Multi	nle ini	uries					BETWEEN	UNSET AND
88	1914	IMMEDIATE C									
23	0		DUE TO, OR AS A	ONSEQUENCE	OF						
5.55	Conditio	ns, if any, which	1								
DE .		se ta immediate	(b)						744		
0		stating the <u>under</u> -	DUE TO, OR AS A	ONSEQUENCE	OF						
7	lying car	use last.								-	
Ö			(c)								
3	PART 2 OTHER S	IGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT	RELATED TO THE TERA	MINAL OISEASE OR CO	NOITION GIVEN IN F	PART 1 (g).				
S S											
O BURIAL CRE	9a. DATE OF	OPERATION	196. CONDITION F	OR WHICH OPER	RATION WAS PE	RFORMED?				20 AUTO	OPSY?
E E										YES	□ NO
E 7.3	210 EXTERNA	AL CAUSE WAS	216. TIME OF INJUR	RY	21c. HOW IN	JURY OCCURF	RED LENTER N	NATURE OF INJURY IN IT	EM 18 PART I OR F		
	UNDERLYING	XOR	HOUR AND MON		R					£ 3 -	
MEDICAL	21d. INJURY	NG CAUSE OF DEA	TH 9 P.M.	Jan 17 0	21f LOCATIO		SLLU	ck by au			
E / W	WHILE F	NOT WHILE	STREET, FACTORY, FA		STREET			CITY OR TOWN		OUNTY	S
248	AT WORK	AT WORK	stre	eet	Semina	ary Ave			F	Baltimo	ore, I
	220 1	fy that I taak charge af	Al	-h h 1.1	Autapsy	1	ian X				
0.6			-	Demonstration of the Control of the				Inquiry .	and in my o	apinian	
39	death result	ed fram: Natural c	auses L. Accid	ent X, Su	vicide,	Hamicide	. Undete	ermined manner			
	ACTUAL	A	200			TLE (SPECIFY)					
-	SIGNATURE:	1441	VX		AS	sistan	t_MEDI	ICAL EXAMINER	DATE	NED 5/1	13/85
A		/	/								
7	EXAMINER'S (TYPE OR PRI	NAM! Ann	M. Dixon,	M.D.	4000	111	Penn	St. Ba	lto.MD		
22- [		TION, REMOVAL 23b. [		3c. NAME OF	ADDR	MATORY		CATION			
230.8	Crema	Li OD					CITY	ORTOWN	2.4	UNTY	STATE
-	or. Sing.	TOTI )	/14/85	TOPKTOL	une Casl			York	Yor	K	enna
Title	FUNERAL DIREC	195,100	ADDRESS			25a. DATE	E REC'D. BY	REGISTRAR 25b.	REGISTRAR'S	SIGNATURE	
17	quill	イル、いつい	WWSt. Phil	artstown	1.Pa.17	36 BMAY	20	19851	Sia Navid	Town	2.00_



OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

etained by the hospital ar attending physicion.

TO HOSPITAL

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### FOR STATE REGISTRAR DE

STATE OF MARYLAND						
PARTMENT OF HEALTH AND MENTAL HYGIEN® CERTIFICATE OF DEATH	5		4	2	4	1
CERTIFICATE OF DEATH	REG	NO.				

3	Female		RACE whi			5-22-1889 YEAR	6. AGE (IN YEARS LAST BIR	YRS.	IF UNDER 1 YEAR	HOURS
1	BIRTHPLACE (STATE OR  ON CITY OR TOWN OF DE		U.S.A.	WHAT COUNTRY?	WIDOWE	DI NEVER MARRIED DI DIVORCED DI DIVORDI DI DIVORCED DI DIVORCED DI DIVORCED DI DIVORCED DI DIVORCED DI	9 BALTIMORE CITY O Baltimo	re it	ty	25 0110 110 20
5	Baltimo	re	(IF NOT IT SUCE	UCC HOSP	outal	OR OTHER INSTITUTION	Tome Take	F WORKING LIFE	INDUSTRY	OF BUSINES
5	USUAL RESIDENCE (IF NUR 130. STATE Md.	13b COUNT	THER INSTITUTION	136 BALLO		13d. INSIDE CITY LIMITS? YES X NO	13.514405°D5%	Z Fromo	us Ave.	-212
14	4 FATHER'S NAME FIRST	Beck	IDDLE	LAST		IS MOTHER'S MAIDEN NA	Price MIDDLE		LAS	ST
16	(YES, NO OF JINKNOWN)	IN U.S. ARM	WAR OR DATES)	578-05-0	0752	Miss Elizabe	th A. Steev	er 44	105 St.	7hom 21206
F	18 CAUSE OF DEAT	TH (Enter only	one couse per	ne for (0), (b) on	nd (c)				BETWEEN	IMATE INTERVA
	PART 2 OTHER SIG	mediate ng the e last	DUE TO, OF		DEATH BUT	NOT RELATED TO THE TERM		DITION GIVE	EN IN PART 10	0
2	gove rise to im couse (a), stati underlying cous	mediate ng the e last	DUE TO, OF	R AS A CONSEQU	DEATH BUT	NOT RELATED TO THE TERM  heart disease N WAS PERFORMED	20a AUTOPSY?	20b IF YES,	, WERE FINDIF	NGS USED
7	PART 2 OTHER SIG	mediate ng the e lost  NIFICANT CC  C hear  TION  DERLYING  CAUSE OF DEATH ICAL EXAMINER)	DUE TO, OR  (c)  DIDITIONS CO  THE GONDI  THE CONDI  TH	R AS A CONSEQUED TRIBUTING TO SEE: Valve TION FOR WHICH FINJURY M. MONTH D	DEATH BUT  JULIAN H OPERATIO	heart disease N WAS PERFORMED	200 AUTOPSY? YES NO A	20h IF YES, IN CERTIFY YES	, WERE FINDING CAUSES	NGS USED OF DEATH
7	PART 2 OTHER SIG  ISChemi 190. DATE OF OPERA  210. ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER, NOTHY MEE AT WORK NOTHY MEE AT WORK AT WAT	mediate mg the e lost  NIFICANT CC  Chear  IDERLYING CAUSE OF DEATH  ICAL EXAMINER)  RED  RHILE  MILE	(b) DUE TO, OF (c) DUDITIONS CO.  21b. TIME O HOUR A!  21c. TIME O HOUR A!  21c. TIME O HOUR A!  21c. TIME O HOUR A!	R AS A CONSEQUE  CONTRIBUTING TO  RESE: Valv  TION FOR WHICH  FINJURY  M. MONTH D  M.  DF INJURY  EET, FACTORY, OFFICE, I	DEATH BUT  JULIAN HOPERATIO  DAY YEAR 19 FARM, ETC.)	heart disease N WAS PERFORMED  21c HOW INJURY OCCUR	200 AUTOPSY?  YES NO A  RED (ENTER NATURE OF INJUIT  CITY OR TO	20b IF YES, IN CERTIFY YES	, WERE FIND IN YING CAUSES 5 ART I OR PART 2)	NGS USED OF DEATH NO
7	GOVE rise to im couse [3], stoth underlying cous  PART 2 OTHER SIG  Ischemi 190. DATE OF OPERA  210. ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER NOTIFY MEE 21d. INJURY OCCUP  WHILE NOTIFY MEE 220.1 certify that (1) sow the decompose. [1]	mediate mediate he lost he e lost he e lost he mediate he lost he mediate he lost he mediate he me	DUE TO, OF  (c)  DNDITIONS CC  The disease of the conditions of th	R AS A CONSEQUE  ONTRIBUTING TO  ASE: Valv  TION FOR WHICH  FINJURY M. MONTH D  M.  DF INJURY EET, FACTORY, OFFICE, I	DEATH BUT  VULLAN HOPERATIO  DAY YEAR 19  FARM, ETC.)  MAY & 35 or	Pheart disease N WAS PERFORMED  21c. HOW INJURY OCCUR 211 LOCATION STREET  28, 1985 and that in (my) Our pinion	200 AUTOPSY? YES NO ATTENUE OF INJUI	20b IF YES, IN CERTIFY YES RY IN ITEM 18 PA	WERE FIND IT YING CAUSES OF COUNTY  COUNTY  Ond from the	NGS USED OF DEATH NO
7	PART 2 OTHER SIG  ISCHEMI  190. DATE OF OPERA  210. ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER NOTHER MEE AT WORK AT WORK  220.1 certify that (1)	mediate mg the e lost the e lost the e lost the mg the e lost the mg the	DUE TO, OF  (c)  DUE TO, OF  (c)  DIDITIONS CO  The disease of the condition of the conditi	R AS A CONSEQUE  ONTRIBUTING TO  ASE: Valv  TION FOR WHICH  FINJURY M. MONTH D  M.  DF INJURY EET, FACTORY, OFFICE, I	DEATH BUT  VULLAN HOPERATIO  DAY YEAR 19  FARM, ETC.)  MAY & 35 or	heart disease N WAS PERFORMED  21c HOW INJURY OCCURI  211 LOCATION STREET  8, 1985 and that in (my) Guri pinion DEGREE ATTENDING PHYSICIAN [	200 AUTOPSY? YES NO ATTENUE OF INJUI	20b IF YES, IN CERTIFY YES EVINITEM IS PA	WERE FIND IN YING CAUSES 5	NGS USED OF DEATH NO
	GOVE rise to improve the couse 101, stoth underlying couse 101, stoth underlying couse 102, stoth underlying couse 102, stoth underlying couse 102, stoth underlying couse 102, and the couse 102, stoth underlying couse 102, sto	mediate mg the e lost  NIFICANT CC  C hear  ITION  IDERLYING CAUSE OF DEATH ICAL EXAMINER)  REP D  MILE CHARACTERISTICS  (This hospitolized pive on did not)  AME (TYPE OR II  GOTTILE	DUE TO, OF  (c)  DUE TO, OF  (c)  DIDITIONS CO  The disease of the condition of the conditi	PAS A CONSEQUENT OF THE PROPERTY OF THE PROPER	DEATH BUT VULLAY HOPERATIO DAY YEAR 19 FARM, ETC.) MAY &	211. LOCATION STREET  211 LOCATION STREET  212 ATTENDING PHYSICIAN 222 ADDRESS	200 AUTOPSY?  YES NO A  RED (ENTER NATURE OF INJUI  CITY OR TO  to May 10,  depth occurred on the do  MEDICAL STAL  DIRECTOR PHYSIC	20b IF YES, IN CERTIFY YES EVINITEM IB PA	WERE FIND IT YING CAUSES OF COUNTY  COUNTY  Ond from the	NGS USED OF DEATH NO THE STATE OF THE STATE

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the furnishauld be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed withlif with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

(VRA 15, 4)

and the state of The state of the s crip vice The 5-5 Liss Lindeth . Some mercal for various of a fine 0/4 . iller 190-515 plais W.-125 TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the buriol-transit permit. Then please remove corbanpopers. Pages 1 and 2 should be filled with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT; If them 21 is marked or them 18 shows any injury, or other traumatic event, the registral

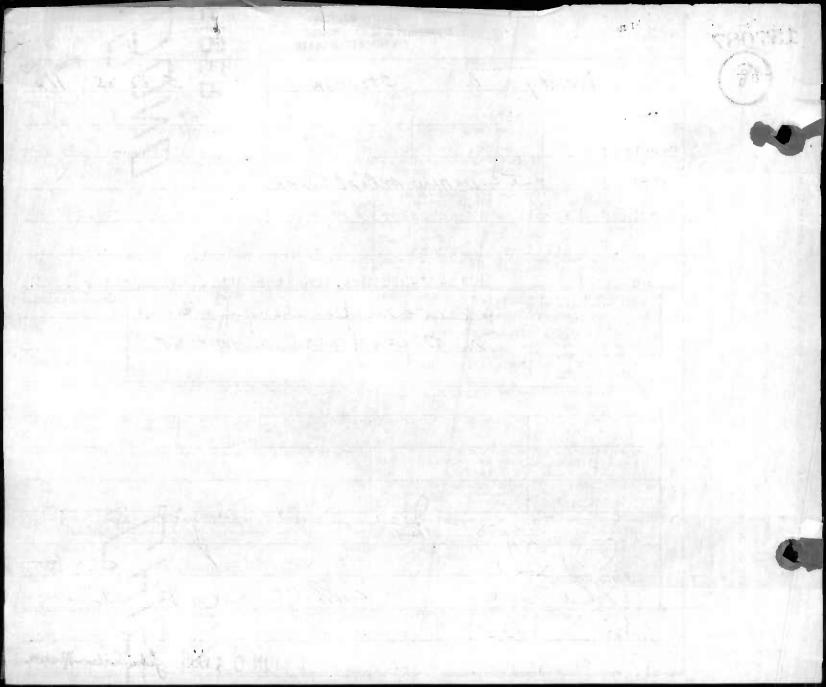
FOR
- STATE
REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYC	GIENE 8 REG. N	1 4	3	4	3
LAST	20. DATE OF DEATH	MONTH DAY	YEAR	2h HC	OUR

	REGISTRAR			CALL OF DEATH	REG. N	O.	
	CEASED NAME FOR PRINTS	RST MIDDLE		AST	20. DATE OF DEATH	MONTH DAY YE	AR 26. HOUR 50
	DOR	othy B.	27	TEPHAN	300	5 28 8.	5 //AM
3. SE	X	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS
	Female	White	5	28 98	87		ALIS MOOKS MIN.
7a. B	IRTHPLACE (STATE OR FORE		T COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEAT	Н
M <sub>z</sub>	rvland	USA	WIDOWE		- Ba	altimore	( two MD.
	TITY OR TOWN OF DEATH	11. NAME OF HOSE	PITAL, NURSING HOME C		120 USUAL OCCUPAT	ION 126. KIN	ND OF BUSINESS OR
Ba	altimore	J. L.	RLITY, GIVE STREET ADDRESS)	Gial Carto	(TYPE OF WORK FOR MOST C	OF WORKING LIFE) INDUS	TRY
J-85L	AL RESIDENCE (IF NURSING	HOMBOR OTHER INSTITUTION, GIVE I	RESIDENCE BEFORE ADMISSION)	TOPIC STORK	4		
		/ 22 / 14	CITYORTOWN	13d. INSIDE CITY LIMITS?	Main Street		102
_	ATHER'S NAME	TIOII IN	<u>an chester</u>	15. MOTHER'S MAIDEN NA		ceet 21	102
4/	FIRST	MIDDLE	LAST	FIRST	WIDDLE	_	LAST
160	WAS DECEASED EVER IN I	Villiam	Barnes SOCIAL SECURITY NO.	Carrie 17 INFORMANT	ADDR		rish
		YES, GIVE WAR OR DATES)					
-	no l		<u> 15-32-0924</u>	Mrs. Cheste	er Rill,	<u>Caithersh</u>	PROPERTY OF THE PARTY OF
	18 CAUSE OF DEATH (E PART I. DEATH WAS	nter only one couse profine CAUSED BY:	for (a), (b), and (c))	6. L	. 0 .	NOTE	MEEN ONSET AND DEATH
		MEDIATE CAUSE (a)	440012	20 min	rygail	w	
	2.02411.2	DUE TO THE A	A CONSEQUENCE OF	4	// \/\	/	
	Conditions, if ony, wh		ullegel	200 su	No usto	28	
	gove rise to immedicouse (a), stating		A CONSEQUENCE OF	V	-	1 10 10	
		ost.	A CONSEQUENCE OF	4			
	PART 2 OTHER SIGNIFIC	CANT CONDITIONS CONTE	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF CON	DITION GIVEN IN PAI	PT lie
o o	A Constitution of						
CERTIFICATION	190. DATE OF OPERATION	N 196. CONDITION	FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIL	NDINGS USED
E					YES D NOD	IN CERTIFYING CAL	
- 12	21a. ACCIDENT WAS UNDERLY	ING TO 216, TIME OF INJ	IURY	21c. HOW INJURY OCCUR	YES NO	YES D	NO 📗
	OR CONTRIBUTING CAUS	E OF DEATH HOUR A.M.	MONTH DAY YEAR	The troop is soon occord	( ENIER HATORE OF HATO	KI IN IIEM ID PART I ORPAR	. 21
SCA	(IF EITHER NOTIFY MEDICAL		19	411 1 0 0 1 7 1 0 1 1			
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF IN	ACTORY, OFFICE (FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNT	Y STATE
	WHILE NOT WHILE		()			0	
	22a.1 certify that (1) (thi	s hospital) ottended the de	gosed from Su ?	1982	_ to lucy	1900	, that (I (we) ost
	sow the deceased of	(did not) view the bady ofter	19 /1 - on	d that in (my) (our) opinion	death occurred on the de	ote and hour and from	the couses stoted
	22b. SIGNATURI	-/)//		DEGREE	9	22c. D	ATE SIGNED
	NIA	Assed		ATTENDING PHYSICIAN E	MEDICAL STAT	FF STAND	158 85
	22d. PHYSICIANS NAME	LIVE OF BOND		22e ADDRESS	J DINECTON () THISIC	1	7-0 100
	X/	1) Kook		KURCO.	2 A O2	11 K2 01	-7.12000
72-	BURIAL, CREMATION, REA	AOVAL 1236 DATE	122, STAME OF C	EMETERY OR COL	23d. LOCATION	p yase	And The
230.	(SPECIFY)		ZJE NAME OF C	EMETERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE
24.5	Burial	6-1-85	Leiste	r's Cemeter			roll Md.
24 1	UNERAL DIRECTOR		ADDRESS	25a. DAT	E REC'D. BY REGISTRAR	256. RECISTRAR'S SIG	NATURE
	Flin Fur	eral Home.	Hamnstead	Md Ol	UN () 4 1983	guia van	work Novement

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



148095	1	FOR STATE REGISTRAR			DEPARTI	MENT OF H	OF MARYLA EALTH AND A	MENTAL HYG	0 0	G. NO.	4 2	4 9
frer death	(TYPE		nes	7	WIDDLE	Ste	rling		20 DATE OF DEA	9/85	DAY YEAR	1230 AM
ge 4 mg ector, p	3. SE	Female	· ·	Whit	е	S. DATE O	26°	1909	6. AGE (INYEARS LA	YRS.	MONTHS DAYS	
neral dir		RTHPLACE (STATE ORF		USA	WHAT COUNTRY?	MARRIE (	NEVER A	AARRIED	9 BALTIMORE CI Balti	TY OR COUNT		AD.
by the fu	4	ty or town of DEA altimore	TH I	1. NAME OF (IF NOT IN SUC TRICES	HOSPITAL, NURSING STREET SCOTT	MODRESS Mad	ical C	enter	12a USUAL OCCU LITYPE OF WORK FOR A Personne.		IFFI INDUSTRY	OF BUSINESS OR
filled in	13a. S	AL RESIDENCE (IF NURSI	Somer	Υ .	GIVE RESIDENCE BEFORE  13c CITY OR TOW  Crisfie	'N I	134 INSIDE C	ITY LIMITS?	Rt. 1 -	Box 240	7 218 5 - Sta	17 / te St.
completely		THER'S NAME FIRST	Wes	DDLE	Riggin		H	MAIDEN NAM FIRST Blen	MIDI	]		AST
on ond co		VAS DECEASED EVER VES, NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	212-10-4		I7. INFORMA		Sterling	ddress <b>y - Sam</b> e	as 13	abcde
of the death certificate y the ottending physici te remave carban poper cremation, or removal.	7	18 CAUSE OF DEATH W. PART 1. DEATH W. Conditions, if any, gove rise to imm cause (a), stating underlying cause	AS CAUSED IMMEDIATE which ediate	BY: CAUSE (a) DUE TO, O	Ca R AS A CONSEQU	nclia ENCE OF ENCE OF	c Ari	mo Disco	- 26			AUST AND DEATH
requires the signed to the plea or to buriol, injury, or or	TION	PART 2 OTHER SIGN			ONTRIBUTING TO	DEATH BUT			INAL DISEASE OR	4		J.
The law cion. e hos be sit permi	CERTIFICATION	None			None None	OPERATION	WAS PERFO	RMED	20a AUTOPSY?	IN CERT	S, WERE FIND FYING CAUSE ES []	
PHYSICIAN: The fending physicic physic physicic physicic physicic physicic physicic physicic physicic	MEDICAL CE	21a ACCIDENT WAS UND OR CONTRIBUTING POPULATION OF CONTRIBUTING POPULATION OF COURT WHILE NOT WHILE NOT WHILE	AUSE OF DEATH	1230 P.	M. MONTH D.	AY YEAR 4 198			ED (ENTER NATURE O	Smoke I	nhalati	STATE
ATTENDING aspital or of aspital or of ECTOR: After 1, of Health of 1, of Health of 1, of Health of 1, of Health of 1, of Health of 1, of Health of 1, of Health of 1, of Health of 1, of Health of 1, of Health of 1, of Health of 1, of Health of 1, of Health of 1, of Health of 1, of Health of 1, of Health of 1, of Health of 1, of Health of 1, of Health of 1, of		22a. I certify that (I) saw the decease above, (I) (we) (d	this haspita	May	19 19 5		d that in (my)	1985 (aur) opinion o	to Hay	he date and ha		, that (I) (we) last e causes stated
Spiral OR Hy the hy NERAL DIRE be detocher e Stote Dept		226. SIGNATURE CON 22d. PHYSICIAN'S NA		(/ ( /	Jansen	N	22e. ADDRES	S	MEDICAL DIRECTOR PH		- 5/	19/85
O HOS etoined TO FUN should it with the		CORN	ELIU	5 J.	JANSEI	V	Fran	cis Sco	H Key M	educal a	inter, B	um Unit

DHMH-16 30M 2/80

24 FUNERAL DIRECTOR
NAMBradshaw & Sons (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

Crisfield, MD 21817

Sunnyridge Cemetery

23b. DATE 5/22/85

Cristield

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Somerset - MD TATE

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Pier deniend - Bintinia (verdend aphinistra) (P.C.) (Pier de 12)

# mula he detached for use as the burial-transit permit. Then please remove cark It the state Dept. of Heolth and Mental Hygiene prior to burial, crematian, or

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND									
DEPARTMENT OF HEALTH AND MENTAL HYC	SIENO								
CERTIFICATE OF DEATH									

1 -	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENO 5	1 4 2	5 0
1. DE	CEASED NAME FIRST	,	MIDDLE	1	AST	20 DATE OF DEATH	MONTH DAY YEAR	R 2h HOUR
	GEOR	1	N. S		WART		5-5-8	5 6 PM
3. SE	x /	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT		THE STREET
_	m	B		MONTH 9	14 95	89	YRS MONTHS DA	
	RTHPLACE (STATE OR FOREIGN	1	WHAT COUNTRY?	8 AA ADDIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	Į.
	mo	1	SA	WIDOWE	DM DIVORCED	BRITO	CITY	MD.
10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSINI H FACILITY, GIVE STREET A		ROTHER INSTITUTION	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF		D OF BUSINESS OR
8	altimore	3037	Grans	en.	St.	(TITE OF WORK FOR MOST OF		
	AL RESIDENCE (IF NURSING HOME COU		13c. CITY OR TOWN	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	2131/
	mo		Baltin	040	YES 🙀 NO 🗍		RAYSON ST	. LIC16
14. FA	THER'S NAME				15. MOTHER'S MAIDEN NA			
0	C FIRST	MIDDLE	C) LAST	Δ.	FIRST	MIDDLE		(AST
	George	<b>H</b> .	Stewar		Mary	ADDRE	cc	
	VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, G	WE WAR OR DATES)	166 SOCIAL SECUI	RILY NO.	17 INFORMANT			
Je?	5 wa	I	212 09	1587	Edna James	- Morris	9814 Am	bler Lan.
7	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS		Care Die	- 1/	many Airk	eist	APP BETWI	ROXIMATE INTERVAL EEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b)	R AS A CONSEQUE R AS A CONSEQUE	cons	y Anton	g D1867	N.E.	
Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PART	flio
CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO:	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIN IN CERTIFYING CAU YES []	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME O	FINJURY M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART I OR PART	2)
¥	(IF EITHER NOTIFY MEDICAL EXAMINE		M.	19				
MEDICAL	21d INJURY OCCURRED	21e. PLACE (	OF INJURY	ARAL ETC 1	211 LOCATION	CITY OR TO	wn COUNTY	STATE
2	AT WORK NOT WHILE		eer racioni, orrac is					
	22a I certify that 40 (this hosp	oital) attended the	e deceased from_	12/	20, 19, 84	to	5 19 85	_, that (I) (we) last
	saw the deceased alive a	5-3.	19	. 01	nd that in (my) (aur) apınıan (	death accurred on the do	ate and hour and from	the couses stated
	obove, (H) (we) (dud) (did n 22b. SIGNATURE	of view the body	offer deoff.	2	DEGREE ATTENDING	MEDICAL STAF		ATE SIGNED
		OR PRINT)	70			RAVEN BI		

TO FUNERAL DIRECTOR

arked or Item 18 shaws any

MPORTANT. If Re

DHMH - 16 50M 4/83 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL
BUT ial

23b. DATE 5/9/85 234 NAME OF CEMETERY OR CREMATORY
Garrison Forest VA

234 LOCATION OWINGS

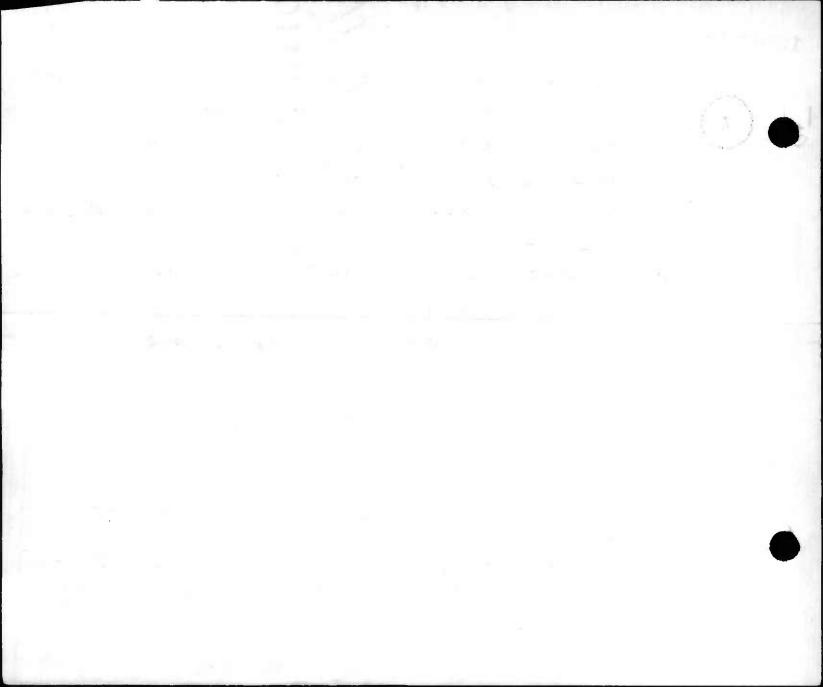
MDSTATE Mills

24 FUNERAL DIRECTOR
Wm^\*.me C. March F/H 1101 ADI EESS North Ave.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE







# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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			3

	1 -	STATE REGISTRAR			DEFARIN		ICATE OI		. H I GIE	9	G. NO.	g Go	i de	3	į
П		CEASED NAME	FIRST		MIDDLE		AST		20	a. DATE OF DEA	MON HT	TH DAY	YEAR	2b HOU	JR
V			VIRGIN	IA	Н.	STINE	HART				R	20	25	4:1	5P M
	SEX	<		4. RACE		5 DATE O		YEAR	-	AGE (IN YEARS L	AST BIRTHDAY	) IF U	INDERT YEAR	IF UNDER	24 HRS
ij	1.	FEMALE		WHI	ΓE	09	04	24			60	YRS			
		RTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVE	RMARRIED	9	BALTIMORE C	ITY OR CO	UNTY OF	DEATH		
1		MARYLAND	-	U.S		WIDOW	D	DIVORCED	X	BaLTIM	TORE	C	ity		MD.
pri	13	TY OR TOWN OF	DEATH		HOSPITAL, NURSIN	ADDRESS)		ISTITUTION	(	TYPE OF WORK FOR	MOST OF WO	RKING LIFE)	126. KIND C INDUSTRY	BUIL	DING
		LTIMORE UF	MURSING HOME OR	HAINT.	GIVE RESIDENCE BEFORE	105017	95			EXEC. S	ECT 'Y		CONTR	LACTO	RS_
5	13a S	ARYLAND	13b. COUN	TY	BALT IMOR	N	13d. INSIDE YES 🔀	CITY LIMIT		302 A N			TE LA	NE,	21229
	14 FA	THER'S NAME		AIDDLE	LAST	7.5	15. MOTHE	R'S MAIDEN	NNAME	WID	D) E		1.65	. 7	
D		WILLIAM			HINDS	3		LOUIS	SE	,,,,			WEAT	/ER	
		VAS DECEASED EN		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFOR	MANT					OTT CI		
		NO	(11 723. 5172	THE OR DAILS)	219-18-2	2756	WILL	IAM H	INDS	8613	OLD F	REDEP	RICK F	ROAD	21043
		Conditions, if c gove rise to couse (a), st underlying co	immediate	(b)	R AS A CONSEQUE	ENCE OF	tore	-Ca		ne			2 w	Ks.	
		PART 2 OTHER S	IGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO		NOT FRAI	ED TO THE	TERMINA	AL DISEASE OR	CONDITIO	ON GIVEN	IN PART 10	0	
	NO O	54	5 Tem	ic La	2005	3.190									
-	CERTIFICATION	190 DATE OF OPE	RATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PER	FORMED		20a AUTOPSY	ÎN		ERE FINDING CAUSES		TH?
7		21a. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DEAT		M. MONTH DA	AY YEAR	21c. HOW	INJURY ÓC	CURRED	(ENTER NATURE C	OF INJURY IN I	TEM 18 PART	1 OR PART 2)		
	MEDICAL	21d. INJURY OCC		21e. PLACE	OF INJURY		21f LOCA			CITY	ORTOWN		COUNTY		STATE
	W	AT WORK AT	WHILE WORK		PEET, FACTORY OFFICE, F			EC.			OK TOWN	(4)			ITAIL
	- 1				e deceased from_				85		Ay 2			that (I) (	
		sow the dec	eosed alive on a	view the body	ofter death.	<u>52.5</u> , o	nd that in (m	y) (our) opi	inion dec	oth occurred on	the date o	nd hour on	nd from the	couses sto	ated
		226. SIGNATURE	7	7/			DEGREE	ATTENION	10	MEDICAL	STAFF		22c. DATE	SIGNED	1.
			1		~		17.0.	PHYSICIA	AN [	DIRECTOR   P		b	5/	291	18)
	1	22d. PHYSICIAN'S	1	PRINT)	/		22e ADDR					1-	. /	-	/
		JAME	ES K	IYAK	- M.	) .	400	CAT	on	Ave.	BUL	Time	one -	nd	

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

DHMH - 16 60M 7/84 (VRA 15, 4)

morked or Item 18 shows ony

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
BURIAL 23b. DATE

23c NAME OF CEMETERY OR CREMATORY 06-01-85 LOUDON PARK

23d. LOCATION
CITY OR TOWN

BALTIMORE CITY

MARYLAND

21229 24 FUNERAL DIRECTOR HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

JUN 3

250. DATE REC'D, BY REGISTRAR 256, REGISTRAR'S SIGNATURE

5 29 85

Market ethic see

# - STATE

7a BIRTHPLACE

# REGISTRAR

I. DECEASED NAME

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

4	2	5	2
	tion	~	For

IF UNDER I YEAR

13e STREET ADDRESS / ZIP CODE 2409 St. Stephens

Ct. Baltimore, Maryland 21216

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	Page 4	direct	
	r death. Page 4 may be	funeral direction 72 haur	1

TO

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TYPE OR PRINT Smith Le Ray 4 RACE 3 SEX

ESTATE OR FOREIGN

168 WAS DECEASED EVER IN U.S. ARMED FORCES

PART I, DEATH WAS CAUSED BY

136. COUNTY

MIDDLE

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)

Black 76 CITIZEN OF WHAT COUNTRY?

MIDDLE

STOKES

MONTH

5 DATE OF BIRTH

MARRIED NEVER MARRIED

15. MOTHER'S MAIDEN NAME

YEAR

1902

Educator

MIDDLE

BALTIMORE CITY OR COUNTY OF DEATH

REG. NO

MONTH

2s. DATE OF DEATH

6. AGE LIN YEARS LAST BIRTHDAY)

17h KIND OF BUSINESS OR INDUSTRY Balto. City

Case

26 HOUR

Maryland 14. FATHER'S NAME

No.

James

Maryland I CITY OR TOWN OF DEATH

> LAST Smith 166 SOCIAL SECURITY NO

214-40-8331

13c CITY OR TOWN Baltimore

> Lydia 17 INFORMANT

6923 Catwing Court

Columbia, Maryland 21045 Gladys Gross APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

CERTIFICATION 190. DATE OF OPERATION

gove rise to immediate couse (o), stoting underlying couse

Conditions, if ony, which

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.

	1
21a. ACCIDENT WAS UNDERLYING	1
OR CONTRIBUTING CAUSE OF DEATH	ŀ
(IF EITHER, NOTIFY MEDICAL EXAMINER)	l
21d IN JURY OCCURRED	12

TIME OF INJURY HOUR A.M. MONTH DAY YEAR

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

21e. PLACE OF INJURY

5/17/1985

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211 LOCATION COUNTY

200 AUTOPSY?

NOF

CITY OF TOWN

NOT WHILE 226.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on above, (1) (we) (did) (did not) view the body after death

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

ATTENDING

MEDICAL DIRECTOR PHYSICIAN 22c. DATE SIGNED

STATE

that (I) (we) last

22b. SIGNATURE

238 BURIAL CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY Arbutus Memorial Park

22e ADDRESS

DEGREE

23d LOCATION CITY OR TOWN

Baltimore, Maryland

206 IF YES, WERE FINDINGS USED

YES 🗌

IN CERTIFYING CAUSES OF DEATH?

24 NURREPEROISONS DHMH - 16 50M 4/83 (VRA 15, 4)

(SPECIFY)

MPORTANT

BP

Burial

2501 Gwynns Falls Parkway Funeral Home, Inc. Baltimore, Maryland 21216

250. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE

PRESTON ST DIVISION OF VITAL RECORDS, 201

te bey "- Enith 178 ALS - 11

THE WASHINGTON

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TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer de- retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tabould be detached for use as the buriol-transt permit. Then please remove carbon papers. Pagest, and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.
1 P	St St
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F .5	ho d
~ e	F 3

injury, or other troumotic event, the

or Item 18 shows ony

IMPORTANT: If Item 21 is morked

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

# DEPART FOR STATE REGISTRAR

MENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH	5	REG. NO.	4	2	5	3
--	---	----------	---	---	---	---

	CEASED NAME FIRST		WIDDLE	ı	AST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOL	JR
(TYPE	BRIDGETTE	R	ENEE '	ST	ONKO	MAY	11 8	5 06:	32A.
3. SE		4. RACE	5.422	5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 Y	EAR IF UNDER	R 24 HRS
J. JL			ITE	MONTH	H DAY YEAR	AGE (III IEAKS CASI SIKI IGAI)	MONTHS DA	AYS HOURS	MIN
	FEMALE			APRI	L 29,1985		RS 1:		
7a B	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COU		1	
	MARYLAND	U.S.A	۸.	WIDOWE		BALTIMORE C	ITY		MD.
10 C	ITY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b KIN	D OF BUSIN	
В	ALTIMORE	FRANCI	S SCOTT K	ČEÝ ME	ED. CENTER	TYPE OF WORK FOR MOST OF WORK!	NG LIFE) INDUST	RY N/A	
USU	AL RESIDENCE (IF NUR WHO IS ME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)		<u> </u>			
130. 5	MD A.	ATA	SEVERN	'KI	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	A 117731777	01144	
		***	SEVERN		YES NO X	255 CONSTANT	AVENUE	21144	t
IA FA	ATHER'S NAME FIRST	WIDOLE	LAST		15 MOTHER'S MAIDEN NA/	WE		LAST	
Y .	CHARLES WII	LIAM	STONKO		WANDA	CLARA	HA	LE	
	WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17 INFORMANT (MOT)	HER) ADDRESS			
-	YES, NO OR UNKNOWN) (IF YES, GIVI	A WAR OR DATES)	NONE		MRS. WANDA C	. STONKO SAMI	E AS 13		
							APP	ROXIMATE INTE	RVAL
	18 CAUSE OF DEATH (Enter or PART). DEATH WAS CAUSE	D BY:	LI IP B	+ Br	VSION		BETWI	EN ONSET AND	DEATH
	IMMEDIA	TE CAUSE (0)	7770	1 100	3. 0				
		DUE TO, O	R ASA CONSEQUE	NCE OF					
	Conditions, if ony, which	(b)_	3600	0	LOSS				
	gove rise to immediate	DUE TO, O	PAS A CONSTI	ENICE OF A	1.01 1/2	mala Haz	2		
	underlying couse lost.	100210,0	INTICH	3 61	13WIAC HIS	morn Hoo	2		
	PART 2 OTHER SIGNIFICANT	ONDITIONS CO	ONTRIBUTING TO F	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION	GIVEN IN PAR	[](0]	
z	PART 2 OTHER SIGNIFICANT	TAPH	BP11	1 m	UN ASSIBLE N	BCROTIEING	I NTRR	OCOL!	1715
CERTIFICATION	190 DATE OF OPERATION			-/ "	N WAS PERFORMED		F YES, WERE FIN		
윤	6-8-85	in	SUVR	OIEKAIIO	NASTERI ORMED	INCE	ERTIFYING CAU	SES OF DEAT	TH?
E	3-0 07	173			1	YES NO NO	YES	NO [	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME O	FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEA	A 1B PART I OR PART	2)	
/¥	(IF EITHER, NOTIFY MEDICAL EXAMINER)		M.	19					
MEDICAL	21d INJURY OCCURRED	21e. PLACE			21f. LOCATION STREET	CITY OR TOWN	COUNTY		TATE
٤	WHILE NOT WHILE AT WORK	(ATHOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	SIRECT	CITORIOWN	COUNTY	5	IAIE
	220   certify that (I) (this hosp	ottended th	e deceased from	4 -	-30 10 85	5-11	10.85	that (I) (	we) lost
			4 4	851	nd that in (my) (our) opinion of	death occurred on the date and	hour and from		,
	sow the deceased plive on above, (1) (we) (did) (did no	t) view the body	ofter deoth			Second occurred on the dote one			
	226. SIGNATURE	25	n mo		DEGREE ATTENDING	MEDICAL STAFF		ATE SIGNED	2-/
	601800	,,,,	7 112		PHYSICIAN	DIRECTOR PHYSICIAN		5-11-8	27
	22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	250	m- 0	22e ADDRESS		01	70	
	12 C DAM	1 1/2 1	1010	mo	FRANCIS S	COTT MRY 1	rBO CI	1	
220 1	BURIAL, CREMATION, REMOVAL	23b, DATE	72. N	NAME OF C	EMETERY OR CREMATORY	123d. LOCATION			
(200. [	SPECIFY)					CITY OR TOWN	COUNTY		ATE
	BURIAL	MAY 14	17202   GI	LEN HA	AVEN MEM. PARK	GLEN BURNIE	A.A.	MARYLA	AND

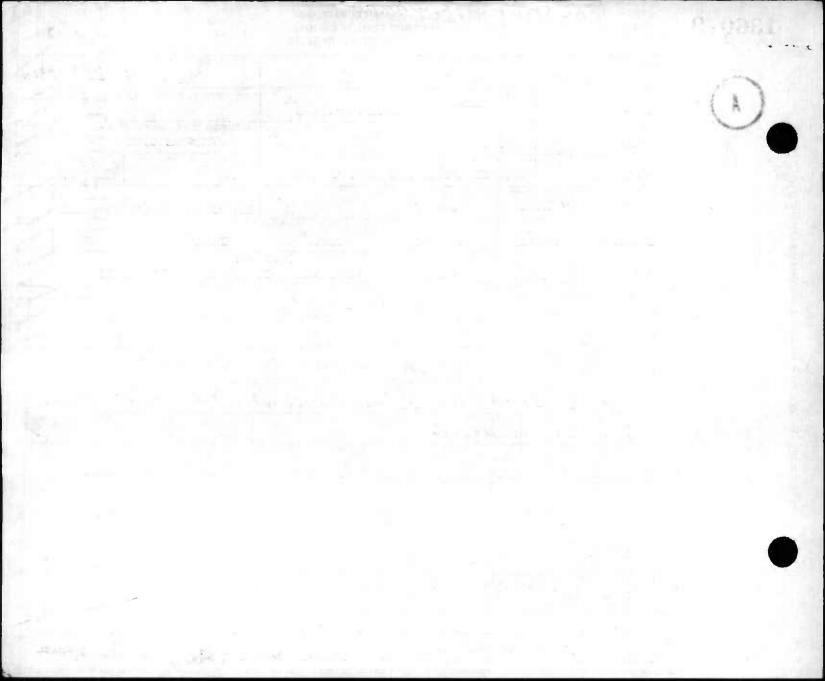
DHMH - 16 50M 1/76

24 FUNERAL DIRECTOR SINGLETON FUNERAL HOME (VR A 15 (4))

14,1985 GLEN HAVEN MEM. PARK GLEN BURNIE A.A. MARYLAN

250 DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE

MAY 1 4 135



CTATE	OF	MARYLAND	
STAIL	vr	MAKILAND	

250 DATE RECID. BY REGISTEAR 256. REGISTEAR SAIGNANDS

046	1-	FOR STATE REGISTRAR			DEPAR	TMENT OF H	EALTH AND MENTAI	HYGIENES	REG. NO.	4 2	5 4
(10)	(TYPE	CRASED NAME ORPRINTI		STRAY	novski	1	ASI	20. DATE O	15/85	DAY YEAR	26 HOU
U	3. SEX	ema	ale	RACE	hite	5. DATE (		3 8		MONTHS DAYS	
of once.	Cz	echosloval	kia	U.S.A		MARRIE		- C	ORE CITY OR COU		
1	Ba	ry or town of DEA ltimore		(FNOTENSUC Francis	Scott 1	Key Med	drother institution dical Cente	STYPE OF WO	OCCUPATION RK FOR MIST OF WORKE		OF BUSINE Y
30	130. S Ma	ryland	136 COUNT		131. CITY OR TO Dundal	WN	13d. INSIDE CITY LIMI YES NO 🔀	6803	ADDRESS / ZIP C Dunhill		212
and 2	Mi	THER'S NAME FIRST chael		IDDLE	Sulak		is. Mother's maide Magdel		MIDDLE	Not k	
Pogm.		(AS DECEASED EVER ES, NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	212-74		John M. S	tranovsk		309 Edro	
by the attending ose remove corba I, cremotion, or to other troumotice.		Conditions, if any, gove rise to improve (a), stotic underlying couse	mediate ng the	DUE TO, OF	R AS A CONSEC PROPERTY AS A CONSEC	you	a / sepsi	4			
s peen signed irrit Then plec i prior to buriol	CERTIFICATION	PART 2. OTHER SIGN PART 2. OTHER SIGN 190. DATE OF OPERA	( h	n chal	- Reguns	1 /	NOT RELATED TO THE	TERMINAL DISEA	OPSY?   20b. II	FYES, WERE FIND ERTIFYING CAUSE	INGS USED
certicate ho cal-tromit p ental Hygien feer 18 show		2)a. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY O	YES COURRED (ENTERN	NO	YES	NO [
Her this on the but the ond M	MEDICAL	21d. INJURY OCCUR	HILE [	21e. PLACE ( (AT HOME, STR	OF INJURY REET, FACTORY, OFFIC	E. FARM, ETC )	211 LOCATION STREET	OF.	CITY OR TOWN	COUNTY	SI
DIRECTOR: A ached for use Dept of Heali		220.1 certify the (1) saw the decrease obove 100 well (1) 224. SHANATURE					nd that i (our) op			haur and fram th	
O FUNERAL hould be detr iff the State		EV RW	X	SAM	1617	vvt		AN DIRECTO	PHYSICIAN E		2150
F313		URIAL, CREMATION,	REMOVAL	23b. DATE	23	. NAME OF C	EMETERY OR CREMAT	ORY 23d. LOC		COUNTY	SI

21222

DHMH - 16 50M 4/83 (VRA 15, 4)

<sup>24</sup> FUNERAL DIRECTOR Duda-Ruck, Inc. 7922 Wise Avenue Dundal

Dundalk, Maryland

Theorem of when we also as THE RESERVE The state of the Park Att Student for the stand of the district for the district respective effective of the file of the state of the st

physicion

should be detached for use as the buriol-tronsit permit. Then please remave carbon pope with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

TO FUNERAL DIRECTOR: After this certificate has been signed by

HOSPITAL OR

BP.

				SIAI	EOFMAKTLAND			
6	1.	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG	0 3	142	5 5
O			ALFRED MIDDLE ARTHUF	CJ.	STRAUSS	REG. NO 20. DATE OF DEATH	5/27/8	2b. HOUR
	3. SE	Male	1. RACE	S. DATE C		6. AGE (IN YEARS LAST BIR		DAYS HOURS MIN.
1/2		RTHPLACE (STATE OR FOREIGN COUNTRY) PENNSYLVANIA	76. CITIZEN OF WHAT COUNTRY?	WIDOWE		9 Baltimore City o	) + +0	ity MD.
\$2	Ba	AT TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACULTY, GIVE STREET	HOSP	PITAL	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST C ENGINEER -	REAL EST	
<u>\$5</u>	130. 9	MARYLAND 13b COU	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW BALTIMOF	/N	136 INSIDE CITY LIMITS? YES XX NO		ZIP CODE K HTS. AVE	APT. 402 . #21215
X X X	14. FA	ATHER'S NAME MARCUS	STRAUSS STRAUSS		15. MOTHER'S MAIDEN NA/ FIRST	UNKNOWN		LAST
medicol	16a V	VAS DECEASED EVER IN U.S. AF YES NO OR UNKNOWN) (IF YES GI YES WW]	RMED FORCES? VE WAR OR DAJES) VE WAR OR DAJES) VE WAR OR DAJES)		7121 PARK		BALTO., M	D 21215
event, the		PART I. DEATH WAS CAUSI	nly one couse per line for (a), (b), or ED BY: TE CAUSE (a)	1	monary	Arrest	8£1	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
troumotic		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUE	ENCE OF	Renal F	Lilune		
r, or other		couse (o), stoting the underlying couse lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSECU	ende	NOT RELATED TO THE CAM	Alter D	IDITION GIVEN IN PA	ART Ito
Sws ony injury	TIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH		•	200 AUTOPSY?	20b. IF YES, WERE I	
frem 18 sh	MEDICAL CERTIF	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	R) HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	DRY IN ITEM 18, PART I OR PA	ART 2]
orked or	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	-1.1	STREET	CITY OR TO	OWN COU	NIY STATE
m 21 is n		sow the deceased alive of	otheriew the body after death.		nd that in (my cour opinion of	deoth occurred on the d		om the couses stated
Z Z	1	1224 DHYSICIAN'S NAME AT THE	Juny /5	260	ATTENDING PHYSICIAN [	MEDICAL STAI DIRECTOR PHYSIC	FF _	5/27/85
PORTAL		Durid G.	Lange		Sinci	Hospital	1, But	mon lud

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD, BALTO, MD

236. BURIAL, CRESSATION PENOVAL

CREMATION

73b. DATE 3 MAY 29,1985

23c NAME OF CEMETERY OF CREMATORY WESTVIEW MEM. PARK BÄLTIMORE

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

COUNTY

MARYLAND

mpletely filled in by the funeral direct ond 2 shauld be filed within 72 hours

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

# STATE OF MARYLAND DEDADTMENT OF HEALTH AND MENTAL HYCITHE

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						REG. N	O.		
DECEASED NAME			NODLE		AST	20 DATE OF DEATH		DAY YEAR	26 HOUR
	CHARLES		DWARD		TRONG			4 1985	M
SEX		4. RACE		S. DATE C		6. AGE (IN YEARS LAST BIR	RTHDAY)	MONTHS DATS	HOURS MIN.
MAL	E	B	LACK	12	12 1927	57	YRS.		
BIRTHPLACE (S	STATE OR FOREIGN	76. CITIZEN OF V	VHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE CITY	R COUNT	Y OF DEATH	
VIRGINI	A	U. S	. A.	WIDOWE		BALTIMORE	CITY		MD.
CITY OR TOWN	OF DEATH		OSPITAL, NURSI		OR OTHER INSTITUTION	12g USUAL OCCUPAT		12b. KIND C	COMPANY
BALTIMO	RE		ORTH LON		STREET	MACHINIST	DF WORKING (I		R MACHINI
a. STATE	13b COUN	OTHER INSTITUTION O	13t. CITY OR TO	RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS		1611 N.	LONGWOOD
FATHER'S NAME			BALTIN	DRE	YES NO		LMORE,	MARYL	AND 21216
FIRST		AIDDLE	LAST		FIRST	MIDDLE		LA	
CHARLE	DEVER IN U.S. ARA	AED EORCES2	HARVE		ROSETTA  17. INFORMANT	ANDRI	325	STR	
(YES, NO OR UNKNO	OWN) (IF YES, GIVE	WAR OR DATES				1611 NO			
YES	I WW I	1	225-20-5	108	BERNICE STRON	IG BALTIMO	RE, MA		21216 IMATE INTERVAL ONSET AND DEATH
	if any, which to immediate stating the	DUE TO, OR	AS A CONSEQU	1 Aps	sces = Pr	veumonin			
gove rise couse (0), underlying	if any, which to immediate stating the cause lost.  ER SIGNIFICANT C	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO	AS A CONSEQUENTRIBUTING TO	JENCE OF DEATH BUT	CUL CA OJ	LUM INAL DISEASE OR CON			
gove rise couse (0), underlying	if any, which to immediate stating the cause lost.  ER SIGNIFICANT C	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO	AS A CONSEQUENTRIBUTING TO	JENCE OF DEATH BUT	cyl CA of	lung	20b. IF YES	VEN IN PART 10 S, WERE FINDING CAUSES	NGS USED
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BP. (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been should be detached far use as the buriol-tronsit permit. with the Stote Dept. of Health and Mental Hygiene prio

ATTENDING PHYSICIAN: The lo the hospital ar attending physician

TO HOSPITAL

retained by

morked ar Item 18 shaws an

IMPORTANT:

DHMH - 16 60M 7/B4

CHORLES STANKE STRONG

CHARLES

RALVEY

TAINAAN TAINAAN TEINAAN TAINAAN 1/2/13 5/9/1345 GARASCH K. S. W. PAN BALANCH, M. 2176KS, M. BALANCH

MITTER NOOMS - 2512 CHYMED WALLS EAPPART SABORT U.S., INC. BALIEWOYS, MARYINED 21216 - MAY 1 5 145 ST - SABORE

The Hounday

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GOOD BOOK OF THE

23.14 250 2 31 12 31 424

ST., BALTIMORE, MARYLAND 21201	1
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certificate be executed - Min 24 hours utter death. Page 4 may be	)(
В	):
ng physician and completely litted in the funeral director, page 3	1.8

DIVISION OF VITAL RECORDS, 201 W. PRESTOR

	1 -	FOR STATE REGISTRAR		DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL RTIFICATE OF DEATH	HYGIENE 5	1 4 2	5 /		
	(TYPE	CEASED NAME FIRST OR PRINT) AS H	2	S.A	-0665	20 DATE OF DEATH	5 14	85 11:10 M		
d	3, SE)	male	Whi	te	ATE OF BIRTH MONTH DAY YEAR 12 16 06		YRS MONTHS	PAYS HOURS MIN		
5	CC	RTHPLACE (STATE OR FOREIGN DUNTRY)  Maryland	U.S	. WIE	ARRIED NEVER MARRIED	BALTIMORE CITY	PR COUNTY OF DE	MD		
0	10 CI	BALLIMON	(IF NOT IN SUC	HOSPITAL, NURSING HO H FACILITY, GIVE STREET ADDRES ON Hill Nur		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Captai	OF WORKING LIFE) IND	KIND OF BUSINESS OR DUSTRY Tug Boat		
5	13a. S	AL RESIDENCE (IF NURSING HON TATE 13b. CO	NE OR OTHER INSTITUTION, OUNTY	GIVE RESIDENCE BEFORE ADMIS 13c. CITY OR TOWN Balto.	13d. INSIDE CITY LIMITS YES NO	3. STREET ADDRESS 501 W. Fr	anklin St	. 21201		
0	14 FA	THER'S NAME FIRST	WIDDIE	LAST	15. MOTHER'S MAIDEN	NAME		LAST		
1		VAS DECEASED EVER IN U.S. (15, NO OR UNKNOWN) (1F YES. Unkn.	ARMED FORCES? GIVE WAR OR OATES)	229-07-124		ADDR	ESS	D4		
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	USED BY: DIATE CAUSE (0)	Cardid resp	unting ares	T .		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OI	R AS A CONSEQUENCE	uma - Left	- lung		3 mox.		
	NOI	PART 2 OTHER SIGNIFICAL	NT CONDITIONS CO	NTRIBUTING TO DEATH	BUT NOT RELATED TO THE T	ERMINAL DISEASE OR COM	IDITION GIVEN IN F	PART 1(a)		
7	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH OPER	RATION WAS PERFORMED	20a. AUTOPSY?  YES NO		FINDINGS USED CAUSES OF DEATH?		
?		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM	F DEATH HOUR A.	M. MONTH DAY	YEAR 19	CURRED (ENTER NATURE OF INJU	IRY IN ITEM 18, PART I OR	PART 2)		
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FARM, E	TC.) 211 LOCATION STREET	CITY OR TO	CITY OR TOWN COUNTY STATE			
		22a.1 certify that (1) (this h sow the deceased alive above, (1) (we) (did) (di	on 5-10	19 80	, and that in (my) (aur) apir	ion death occurred on the c	late and hour and fi	, that (I) (we) last rom the causes stated		
		226. SIGNATURE	Punza	0	DEGREE ATTENDIN PHYSICIAI		AFF	5/14/81-		

TO HOSPITAL OR ATTENDING
TO HOSPITAL OR ATTENDING
retorned by the hospital or off
TO FUNERAL DIRECTOR, After
Should be detached for use as to with the Store Dept. of Health or MADORTANT: If tem 21 is market.

24 FUNERAL DIRECTOR
NAME
Anatomy Board

23b. DATE

5/14/85

23a. BURIAL, CREMATION, REMOVAL

Removal

Balto., Md.

23c. NAME OF CEMETERY OR CREMATORY

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE MAY 16 1985 Julia Sunda Pondelle

COUNTY

STATE

23d. LOCATION CITY OR TOWN

BP\_\_\_\_\_\_ DHMH - 16 50M 4 (VRA 15, 4)

	CEASED NAME FIRST CHARLE	MIDDLE G	SA.	Euns !	20. DATE OF DEATH	Mar 22	YEAR 8 126 HOUR
3. SE		RACE Whi	5. DATE OF	FRIRTH 1 YEAR 07	AGE (IN YEARS LAST BIRT	HDAYI F UNDER	7
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	DUNTRY? 8.	□ NEVER MARRIED □	BALTIMORE CITY OF	COUNTY OF DE	imore Cit
i	Ball were	WIF NOT IN SUCH FACILITY, OF	GIVE STREET ADDRESS)		Lxct. Asst.	of Opera	KIND OF BUSINESS INTRY Fideli Ations - Ti
13a. S	STATE MD BA	Amore Arbu	ORIOWN	13d INSIDE OITY LIMITS? YES ( NO ) 15. MOTHER'S MAIDEN NAM	5001 Wes	tland Bly	rd. 2122
	William		Gillis GIAL SECURITY NO.	Ditte.		Ellen	Dengs
160 V			- 12 115-	A Eunice La	6737 ayman Wood	lawn, Md.	21207
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	D RY.	a), (b), and (c))	Shork		Bé	APPROXIMATE INTERVAL TWEEN ONSET AND DEA
	Conditions, if any, which	1	Myochoros	, w/ Infance	how		6 lers
ATION	gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CO	ONSERVENCE OF A PLEASES	charte hemo			ART Ita
TIFICATION	gove rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CO	My ochors ONSEQUENCE OF Afficeros	NOT RELATED TO THE TERMIN	200 AUTOPSY? YES NO 1	206. IF YES, WERE IN CERTIFYING C YES	ART Iro FINDINGS USED AUSES OF DEATH?
MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINE	DUE TO, OR AS A CO	ONSEQUENCE OF HELECOS  TING TO DEATH BUT IN  OR WHICH OPERATION  NITH DAY YEAR  19	charte hemo	200 AUTOPSY? YES NO 1	20b. IF YES, WERE IN CERTIFYING C YES T	FINDINGS USED AUSES OF DEATH?
	gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE LIFETTHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	DUE TO, OR AS A CO (c)  CONDITIONS CONTRIBUT  196 CONDITION FO  216. TIME OF INJURY HOUR A.M. MOI P.M.  216. PLACE OF INJUR (AT HOME, STREET, FACTOR  ital) attended the decease	ONSEQUENCE OF A PLANT ON SEQUENCES TING TO DEATH BUT IN THE PROPERTY OF THE PR	NOT RELATED TO THE TERMIN  N WAS PERFORMED  21c HOW INJURY OCCURRE  21l LOCATION  STREET  19  d that in (m/) (our) opinion de	200 AUTOPSY? YES NO D  CITY OR TOV  10 Z Z  Coth occurred on the do	20b. IF YES, WERE IN CERTIFYING C YES  YES  YES  YES  YES  YES  YES  YES	FINDINGS USED AUSES OF DEATH?  NO PART?)  That (I) (we)
MEDICAL	gove rise to immediate cause (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINE AT WORK  22a. I certify that (I) (this hasp saw the deceased alive at oppose (II) well did I did in 12b. SIGNATURE	DUE TO, OR AS A CO  (c)  CONDITIONS CONTRIBUT  196 CONDITION FO  216. TIME OF INJURY HOUR A.M. MOIR  1210. PLACE OF INJURY INTHOME. STREET, FACTOR  ital) attended the decease  22  31 years the body after deal  OR PRINT!	ONSEQUENCE OF A PLANTS  TING TO DEATH BUT IN  OR WHICH OPERATION  NITH DAY YEAR  19  RY  RY, OFFICE, FARM, ETC.)  ed from 21  19  C	NOT RELATED TO THE TERMIN  N WAS PERFORMED    21c HOW INJURY OCCURRE    21l LOCATION     21	280 AUTOPSY? YES NOTE  OF TOWN  CITY OR TOWN  AMEDICAL STAF  DIRECTOR CONTE	206. IF YES, WERE IN CERTIFYING C YES  YES  YEN TIEM 18 PART I ORF	FINDINGS USED AUSES OF DEATH? NO  PART ?)  That (I) (we) am the causes stated. DATE SIGNED

149910 (20) (2) (2) Checas 6 Sharp HAN COM soull were a little or some rises. It was all the cooler and the part of the thing that State of the state of the said to the said the The state of the s La chiefe The comment of the hand had Server S. Swiger Andrews St. S. Street, S. THE PARTY OF THE P the same of the sa an white Armed Life Stormer A Ballion Life

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FOR STATE REGISTRAR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3.0	REGIONATION		1.45				REG. NO.				
	DECEASED NAME FIRST  (YPE OR PRINT)	WIDDLE				2a DATE OF D	EATH MOI	NTH D	AY YEAR	2b HOU	JR
/	ARCHIE		STURDI		SR.	MAY 2				7:3	
3. 5	SEX	4. RACE	5 DATE OF	BIRTH	YEAR	6 AGE IN YEA	RS LAST BIRTHDA	Y) //	IF UNDER TYEA		24 HRS
	Male	Black	2	20	07	7		YRS.			
7a.	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE	MARRIED	NEVER M	ARRIED -	9 BALTIMORI	_		OF DEATH		
	N. Carolina	U.S.A.	WIDOWED		ORCED 🗌		IMORE	CI	TY		M
24	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR  LIENOTIN SUCH FACILITY GIVE STE			TUTION	120 USUAL OG		ORKING LIFE		OF BUSINI	ESSO
S. Company	BALTIMORE	JOHNS HOPKIN		TTAL							
	SUAL RESIDENCE (IF NURSING HOME OF STATE 136 COUR			13d. INSIDE CI	Y LIMITS?	13e.STREET AD	DRESS / ZI	P CODE	212	207	
1	Maryland -	Balti		440	NO 🗌		W. F	ore	st Pa	ark A	ve
E - 14	FATHER'S NAME	MIDDLE LAST		is. MOTHER'S	MAIDEN NAM		MIDDLE		ı	AST	
E.X.	Will	Sturdiva		Lu			E.		Retli	ff	
S 160	WAS DECEASED EVER IN U.S. AF	/E WAR OR DATES)		17 INFORMA			ADDRESS				Av
e a	(YES NO OR UNKNOWN) (IF YES GI	213-0	7-3784	Doro	thy St	urdiv	ant 4	300			
‡,	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one cause per line far (a), (b),	and (c+1		Λ				BETWEE	NONSET AND	DEATH
9 > 9		TE CAUSE (0) Car	dispuln	una-	H	rrest			PY	nned	1
NO.		conditions <u>contributing 1</u>				INAL DISEASE	OR CONDIT	ON GIVE	EN IN PART	110	
8 shows ony injur	19a DATE OF OPERATION 5/17/85	196. CONDITION FOR WHI	auti	WAS PERFO	med	200 AUTOP		CERTIF	, WERE FIND YING CAUSE		TH?
S S S S S S S S S S S S S S S S S S S	210. ACCIDENT WAS UNDERLYING		DAY VEAR	21t. HOW IN.	URY OCCURR	RED (ENTER NATU	RE OF INJURY IN	ITEM IS PA	ART I OR PART 2		
E A	DESCRIPTIBLITING CAUSE OF DE	AID	19								
d or Ifem	21d INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATIO	N		CITY OR TOWN		COUNTY		STATE
Š	WHILE ONOT WHILE AT WORK		1	-		N. garagean	120	Lac			
E S		ital) attended the secessed from	2 1 1	10	., 19	, to	129		19	. that (li (	
21	saw the deceased alive or	it) elew the body girm leath.			our) opinion (	death occurred	on the date	and hour			oted
± ±	22b SIGNATURE	+ /2	D	EGREE	TENDING	MEDICAL _	STAFF	1	22c DA1	E SIGNED	100
	11 Cober	1 par	- 12	) P	HYSICIAN [	DIRECTOR		)(	15	1291	27
MPORTANT	22d PHYSICIAN'S NAME (TYPE	Park		Joh	ns Ho	pkins	yespi	tol	Bal:	to n	1.
230	a. BURIAL, CREMATION, REMOVAL		Wood 1			23d LOCAT	ON		COUNTY		STATE
- L		0/4/00	Woodla	wil cei	metery	l Rali	imor	e Co	ounty	1 1.0	Md
1 24.	FILE ISSUED A LOUIS COMMON				Tor or -						-
	FUNERAL DIRECTOR  Im C^MArch F/H	Tho 1101ADDRES	5 Non-1-	7	250 DAT				PAR BUSICIN		

DHMH - 16 60M 7/84 (VRA 15, 4)

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VISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
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				STAT	E OF MARYLAND			- 11
3551	1 -	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYG	IENE 8 S	o.	2 6 0
£ (5.1)		CEASED NAME FIRST ORPRINT) Gloria	MIDDLE	5	SUGAR	•	MONTH DAY YES	5 908 AM
ge ector po	3. SE	Female	White	S. DATE (		6. AGE IN YEARS LAST BIR	YRS.	AYS HOURS MIN.
death. Fo	Ba	ATT Md USA.	76 CITIZEN OF WHAT COUN	WIDOW		9. BALTIMORE CITY O	Baltimet	E MD.
by the filed will	B	a Himore	Montibello	Rehab.	Hosp.	120 USUAL OCCUPATION OF OF WORK FOR MOST OF		ND OF BUSINESS OR TRY
in 24 hou y filled in hould be	130. S M			TOWN	13d INSIDE CITY LIMITS?  YES NO	13 S. Cai	ZIP CODE	21223
ompletel		Joseph	MIDDLE EHN	1	Oliena	NADDRE		EENE
be execu on and c		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166. SOCIAL SE VAR OR DATES	4 6971	Jerry W. Joh		Elmridge Ro	
g physici on poper removal.		PART I. DEATH WAS CAUSE	nly one couse per line for (a), 1b DBY: TE CAUSE (b) Proba		otic shock		24 24	PROXIMATE INTERVAL VEEN ONSET AND DEATH
that the death ce d by the attendini leose remove carb ial, cremotion, ar		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)	-11/				
quires signe Then p to bur njury,	NOI	Diebetes:	de cubitus	TO DEATH BUT		INAL DISEASE OR CON		
The law re- icion.  Te has been te has been sit permit. I	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WI	HICH OPERATIC	N WAS PERFORMED	200 AUTOPSY?  YES ► NO□	20b. IF YES, WERE FI IN CERTIFYING CAL YES []	
HYSICIAN: The Inding physicion. is certificate has burial-transit pe Mental Hygiene pyr Item 18 shows		210: ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEL	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PAR	T 2)
orten the the and ked s	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO		Y STATE
TTEN Pritol TOR: of He		22a. I certify the (1) (this hosp saw the deceased alive an above, (1) (we) (did) (did no	AM		nd that in (my) (our) opinion	to may death occurred on the de		
TAL OR AT y the hosp RAL DIREC detoched f detoched f ore Dept. or	(	John a.	Watown	/	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC	FF . 5	-7-85
TO HOSPITAL retained by the TO FUNERAL should be detoo with the State IMPORTANT: If		John A. U	dlatowski		22 So.	Greene S	7.	
BP	23o. E	BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	236. DATE 5/10/85		CEMETERY OR CREMATORY Ount Cemetery	23d. LOCATION CITY OR TOWN Baltimo	COUNTY	STATE

A. Alan Seitz, Jr. 3615-19 Chestnut Ave. 21211

Maryland

Greenmount Cemetery Baltimore Mary

250. Date REC'D. By REGISTRAR' 250. REGISTRAR'S SIGNATURE

MAY 9 1985

DHMH - 16 50M 4/83

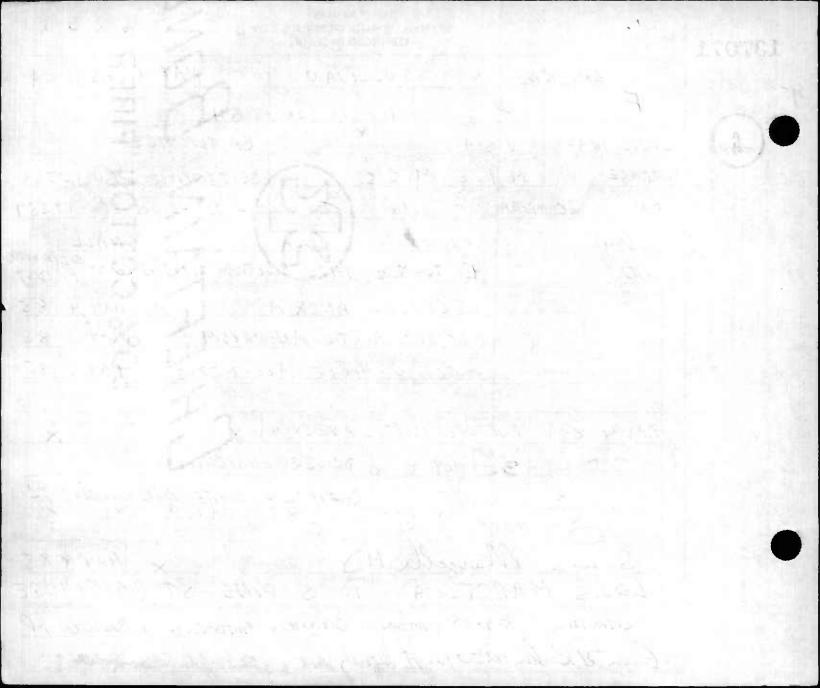
(VRA 15, 4)

24. FUNERAL DIRECTOR

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(VRA 15, 4)

STATE OF MARYLAND



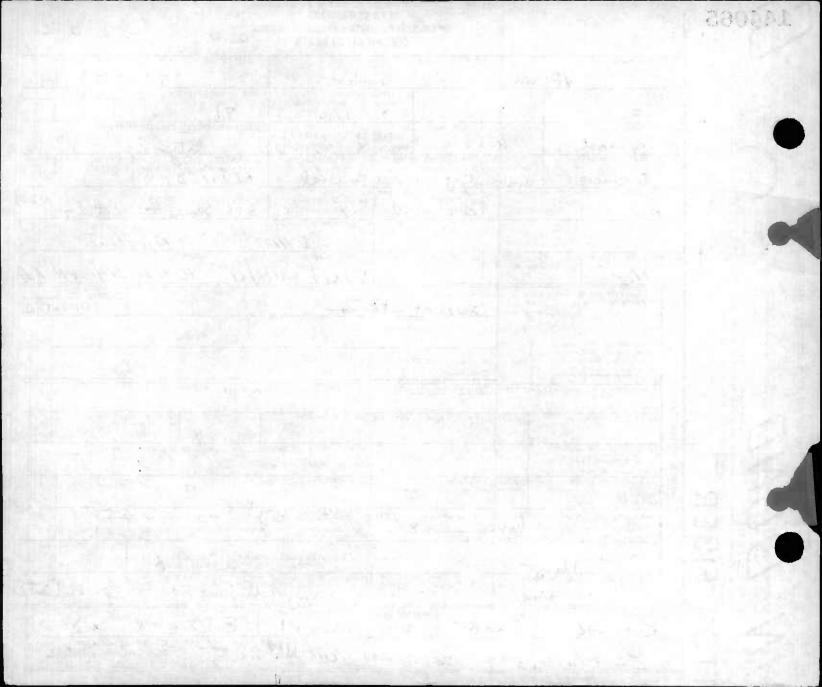
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(VRA 15, 4)

24. FUNERAL DIRECTOR

CALVAI

BACTIMORE D BY REGISTRAR 256 REGISTRAR'S SIGNATURE



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AAADVIAND 31	AN LEAST	
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VITAL DECODED	CONCOUNT OF THE	
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VICIOINIO	NO COLOR	. 99

	1 -	FOR STATE REGISTRAR			DEPARTM	MENT OF H	EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 5	10.	4 2	5 3
		CEASED NAME OR PRINT)	CHARLES		MIDDLE	URDEL	AST	MAY 11,		AY YEAR	3:55
	3 SE	Male	4	RACE Whit	e	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BI	YRS.	ONTHS DAYS	IF UNDER 24 HR
35	7a 81	RTHPLACE (STATE OF COUNTRY) Maryland	FOREIGN 7	U.S	what country?	8. MARRIE WIDOWE	D NEVER MARRIED &	BALTIMOI			٨
33		ALTIMORE	ATH 1		HOSPITAL, NURSIN CHEACHITY GIVESTREET HNS HOPKI		SPITAL	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Bartende)	OF WORKING LIFE		F BUSINESS C
38	USU/ 130. S	AL RESIDENCE (# NUI STATE Md.	13b COUNT		Balto.		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 118 S. BO	/ ZIP CODE	St.	21224
	14 FA	THER'S NAME FIRST	MI	DDLE	LAST		15 MOTHER'S MAIDEN N	AME		LAST	ī
medico		VAS DECEASED EVE YES NO OR UNKNOWN) NO		ED FORCES? WAR OR DATES)	166 SOCIAL SECU 216-05-0		Ms. Lorrai	ne Jensen		as #13	
r froumatic event		Conditions, il on gove rise to in couse (0), stot	WAS CAUSED  IMMEDIATE  y, which  mediote	DUE TO, O	Prine for (0), (b), one CARDIS FU	ENCE OF	art arrest	7		3h	mate interval onset and deat Durs
ry, or oth	7				IR AS A CONSECUE	NCFOF					
ului kuo sv	FICATION	underlying cous	NIFICANT CO	ONDITIONS C		DEATH BUT	NOT RELATED TO THE TER	20a AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDIN	IGS USED OF DEATH?
or Item 18 shows	MEDICAL CERTIFICATION	PART 2 OTHER SIG	NIFICANT CO	ONDITIONS CONDITIONS C	ONTRIBUTING TO D	OPERATIO		200 AUTOPSY?  YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDIN	IGS USED
i frem 21 is morked or frem 18 shows	MEDICAL CERTIFICATION	PART 2 OTHER SIG	ATION  ADERLYING CAUSE OF DEATH  CAUSE OF DEATH  CALEXAMINER)  TREED  THILE CORE  I) (this hospito  sed olive on	DIDITIONS CONDITIONS C	ONTRIBUTING TO DISTRIBUTING TO	OPERATIO  AY YEAR  ARM. ETC.)	N WAS PERFORMED  21c HOW INJURY OCCU	ZOO AUTOPSY? YES NO RRED (ENTER NATURE OF INJUST	20b. IF YES, IN CERTIFY YES  URY IN TEM TO PAR  OWN	WERE FINDING CAUSES  TO THE COUNTY  ON THE COUNTY  ON THE COUNTY	IGS USED OF DEATH? NO  STATE
MPORTANT: If Hem 21 is morked or Item 18 shows	MEDICAL	Underlying cous  PART 2 OTHER SIGN  190 DATE OF OPER  210. ACCIDENT WAS UT OR CONTRIBUTING [IF EITHER NOTIFY MEETING NOTIFY ME	ATION  ADERLYING CAUSE OF DEATH DICAL EXAMINER)  THILE CORRED  THILE COR	DNDITIONS CONDITIONS C	ONTRIBUTING TO DOTTION FOR WHICH  OF INJURY  OF INJURY  REET, FACTORY, OFFICE	OPERATIO  AY YEAR  ARM, ETC.)	21c HOW INJURY OCCU 211 LOCATION STREET  19 50 100 - OF IN (INY) (OUT) OPINION DEGREE  ATTENDING PHYSICIAN  22c ADDRESS THE	Z00 AUTOPSY?  YES NO NO NO NO NO NO NO NO NO NO NO NO NO	20b. IF YES, IN CERTIFY YES  URY IN TEM 18 PAR  dote and hour	WERE FINDING CAUSES  TO THE COUNTY  ON THE COUNTY  ON THE COUNTY	STATE
IMPORTANT: If Hem 21 is morked or Item 18 shows	WEDICAL MEDICAL	Underlying cous  PART 2 OTHER SIG  19a DATE OF OPER.  21a. ACCIDENT WAS UT OR CONTRIBUTING [IF ETHER NOTIFY MET 21d INJURY OCCUI AT WORK ATW 22a. I certify that (I sow the deceo obove. (I) (we) 22b. SIGNAL UNE	ATION  ADERLYING CAUSE OF DEATH DICAL EXAMINER)  THILE CORRED  THILE COR	DNDITIONS CONDITIONS C	ONTRIBUTING TO DESTRUCTION FOR WHICH  OF INJURY  OF INJURY  REET, FACTORY, OFFICE FACTORY, OFF	OPERATIO  AY YEAR  ARM, ETC.)	216 HOW INJURY OCCU 211 LOCATION STREET  19 DEGREE  ATTENDING PHYSICIAN	Z00 AUTOPSY?  YES NO NO NO NO NO NO NO NO NO NO NO NO NO	20b. IF YES, IN CERTIFY YES URY IN ITEM 18 PAP dote and hour in	COUNTY  22c DATE:  COUNTY  COUNTY  COUNTY  COUNTY	STATE

STATE OF MARYLAND

12.

FOR - STATE

STATE	OF	MARYLAND	
SIMIL		ILLE DATE OF PARTY OF	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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5	É	4	Con	0	O/A

		REGISTRAR				CEKITE	ICATE OF DEATH		REG. NO.			
		CEASED NAME	FIRST		MIDDLE	L	AST	2a DATI	OF DEATH MONTH	DAY YEAR	2b. HOUR	P
8	live	OR PRINT)	DONA	.D	Lerov	SIIT	PTON	MAY	13 1985		8:35	M
8	3. 5EX	X .		4 RACE		5. DATE C	OF BIRTH		(IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24	HRS
ă,	1	Male		White		Sep	. /	66	YRS	MONTHS DATS	HOURS /	MIN.
2	7a. BII	RTHPLACE (STA	TE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9. BALTI	MORE CITY OR COUN	TY OF DEATH		
2		Marylar	nd /	USA	A	WIDOWE			TIMORE CI	TY		MD.
5		TY OR TOWN O			HOSPITAL, NURSII HEACHITY, GIVE SIREET HOPKIN		OR OTHER INSTITUTION	(TYPE OF	JAL OCCUPATION WORK FOR MOST OF WORKING OR EMAN		Cons	truc
5	13a, S	AL RESIDENCE (I	13b COL	or other institution JNTY timore	GIVE RESIDENCE BEFOR	VN	13d INSIDE CITY LIMITS?	13e.STRE	et address / zip co Old Padon	DE	tion 21030	_
		ryland	Dar	timore	Cockey	PATIL	PYES NO MAIDEN N		Old Padoli	la Ru.,	21030	
8	)	Abraha	m	Hicks	Sutto	n	Jessie	.,,,,,,,	MIDDLE	F	ife	
0				RMED FORCES?	166 SOCIAL SEC	JRITY NO.	17 INFORMANT		ADDRESS			
	(1	Yes	LIE AF A	WE WAR OR DATES)	218-07	-5173	Alda M. S	Sutton	, 18 Old Pa	adonia F	ld., 2	1030
		18 CAUSE OF	DEATH (Enter of	only one cause per	line for ia), (b), ar	nd (c)				APPROX BETWEEN	IMATE INTERVA	ATH
		PART I. DE A	TH WAS CAUS	SED BY: ATE CAUSE (a)	Cardiae	Arre	5+			in	-	
1				· ·	R AS A CONSEOU	ENCE OF	1 1 1 1 1					
		Conditions, if	ony, which	( ib)	SoperRe	rest 1	Fortic Aneu	74. Sr	~	5-60	lune	
	0	gove rise to	immediate	DUE TO O	R AS A CONSEQU	ENCEOE		1			1	
			couse last.	(10,01	K AS A CONSEGU	IENCE OF						
		PART 2 OTHER	SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISI	EASE OR CONDITION O	GIVEN IN PART 11	0	
	CERTIFICATION	Careli	omix 6 M	withy, Ho	mentons	ton ,	Mild Kerel	Vailu	re			
7	CAT	1911 DATE OF P	PERATION	YOU CONS	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a A		YES, WERE FINDIP		2
Contra	E	5/13	1/85	Super	renal A	ertic (	freury sm	YES [		YES [	NO [	
7	8	21a. ACCIDENT W		110110 1	FINJURY M. MONTH D	AY YEAR	21¢ HOW INJURY OCCU	JRRED (ENTE	R NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)		
1	S S	OR CONTRIBUTING	Y MEDICAL EXAMIN	EATH		19						
	MEDICAL	21d INJURY OC		21e PLACE	OF INJURY	EADAA SYC )	211. LOCATION		CITY OR TOWN	COUNTY	STAT	TE.
	2	AT WORK	AT WORK	(ATTIONE SIT	CEL PACTOR OFFICE	TANK CIC.						
			at (1) (this hos	pital) ottended th	e deceosed from	3	5/8 19 85	, to_	5/13	. 19 85	that (I) (we	) last
		saw the de	eceosed alive o	not) yiew the body	ofter death	5>, or	nd that in (my) (our) opinio	n deoth occ	urred on the date and h	our and from the	causes state	d
		226. SIGNATUR		101	11		DEGREE			22c. DATE	SIGNED	
,			1	Selelith	Sala	V	MA ATTENDING PHYSICIAN	MEDIC DIRECT		- 511	3/85	
1	1	22d. PHYSICIAN	S NAME (TYPE	OR PRINT	1		22e. ADDRESS		14:00 × = 1	-		
			Ada	1ph 1/a.	tes mi	)	00	April>	HOOKIN	5		
		SURIAL, CREMAT	ION, REMOVA				EMETERY OR CREMATORY		OCATION CITY OR TOWN	COUNTY	, SIA	ĮE.
	I	Burial		5/16/	85 Du	laney	Valley Cem		monium	Balto.	Mã	1.
		JNERAL DIRECTO	100	che Do	Languages			ATE REC'D.	BY REGISTRAR 25b. REGI	ISTRAR'S SIGNAT	URE	
	M	artin D	. Law	son, 10	W. Pade	onia P	kd.	MAY 1	5 1985 Fin	a Baydown	- Market	6

DHMH - 16 60M 7/84 (VRA 15, 4)

C-desire desire multi-=1=1.2 . Fitter, the =1.2National State of Association of the Company of the State

### STATE OF MARYLAND 1 - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		6	200	0	2
REG.	NO.				

1	1. DEC	CEASED NAM	AE FIRST		WIDDLE		LAST			0 DATE KNOW	N MONTH	- DAY	YEAR	26 HOUR
	(TYPE	E OR PRINT)	Elme	r R	ruce	Su	itton		- 1	OF ESTI-	XX	-23	19 85	
d	3 SEX		4. RACE	5. DATE OF BIRTH	6. AGE	(IN YEARS IF U	NDER 1 YR.	IF UNDER	24 HRS.	2c. DATE	HINOM	DAY	YEAR	2d HOUR
Н	M.	ale	White	1 2	28 57	YRS.	THS DAYS	HOURS	MIN. F	PRONOUNCED	5	-24	10 85	19:00
		RTHPLACE (S		7b. CITIZEN OF W		11.5.				9. BALTIMORE C	ITY OR COU	NTY OF D	17	d. M
3	FOR	Vorth (	Carolina	U.S	Δ	WIDO	RIED NE	VER MARRI DIVORC	IED 🔲	Baltimo	_			
-		TY OR TOWN			SPITAL NURSING					AL OCCUPATION			ND OF BU	SINESS
5	]	Baltim	ore	(IF NOT IN SUCH FA	Sunset Dr	ORESS)			FOR M	ost of working Life	E)	_set	Industriction Loyed	ξY
	USUA 13a. S1			OR OTHER INSTITUTION, G			has more	1100 11111972	lu croe	ET ADDRESS		Tallip 1	-03-00	
)		ryland	136 COU	NIY	Baltin		YEXX	NO [		Ol Sunse	t Dr.	2122	23	
-	14. FA	THER'S NAM Willi		MIDDLE Grey	Sutto	n		er's maide	ENNAME	MIDDLE		I.	AST Morga	ın
	16a W	AS DECEASE	DEVER IN U.S. A		16b. SOCIAL SEC	CURITY NO.	17 INFOR	THAM		ADD	RESS 21	061		
	(16	YES	OWN) (IF YES, GN	II	241-30	-3616	Rose	mary	Feene	ey 174 V	irgini	a Lar	ne Ar	ot. F
7				anly ane cause per line	e far (a), (b), and (c	).)			Ge :				PROXIMATE	INTERVAL
		PARITU	EATH WAS CAUS IMMEDI	ATE CAUSE (a)	Ethanol:	ism			3.44	(3.35				
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			ans, if any, which ise to immediate									100		
			a) stating the <u>unde</u>	· · ·	AS A CONSEQUE	NCE OF	H 5.H	100	7				1	
		lying cu	ose last.	(c)								- T		
		PART 2 OTHER S	SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO TH	IE TERMINAL OISEA	SE OR CONDITIO	N GIVEN IN PA	RT 1 (a).					
	CERTIFICATION	IA DATE O	FOPERATION	1								-		7
7	ICA	IVO. DATE OF	POPERATION	196. CONDI	TION FOR WHICH	OPERATION V	VAS PERFOR	MED?				20 A	UTOPSY?	
(detail)	RTIF	21- 577501	AL CAUSE WAS	21b TIME O	F Is a vision	In.						_	ES 🗌	NO X
3	I CE	UNDERLYING			A. MONTH DAY		IOW INJURY	OCCURRE	D (ENTERN	ATURE OF INJURY IN IT	EM 18 PART 1 OR F	PART 2)		
	MEDICAL		ING CAUSE O			19	CATION					-		
	MED	21d INJURY			OF INJURY (AT HO TORY, FARM, ETC.)		STREET			CITY OR TOWN	C	YTAUO		STATE
		AT WORK	AT WORK											
		22a I cert	lify that I taak cha	rge of the remains de	scribed abave, held	lan Autaj	osy .	Inspection	n XX	Inquiry .	and in my	apınıan		
		death resul	ted from: Nat	ural causes XX	Accident .	/ Suicide	], Hami	cide,	Undete	rmined manner				
			NO.	(VA)	4 11	761	PHILETE	PECIFY)						
		ACTUAL SIGNATURE	Ullu	us /	meson	040	AD ASS	istan	t_MEDI	CAL EXAMINER	DATE	SED 5	-24-	85
7		EXAMINER'S	NAME -										2122	1
		(TYPE OR PR	INT)	nnis F. Sm			_ADDRESS_			St., Bal	Lto., M	ia.	2120	1
	23a.Bl	DEC IEV	ation, removal	5/29/85		of CEMETERY C Sville			CITY	CATION PRIOWN	0 A . 80	• Maı	ST. T ST.	ATE
	24 E1	UNERAL DIRE		3/29/03						ownsvill			_	Id
	24.10	NAME DIKE	CIOR	.00000		21229		230. DATE	KEC D. BY	REGISTRAR 25b.	KEGISIKAK S	SIGNATI	JRE	

07/84 25M

> **DHMH - 17** (VR A15 ME (5))

EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. REFAIN TAGE TO THE CHIEF ACES 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILLED AFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEINE, DIVISION OF VIVAL RECORDS 301 BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.

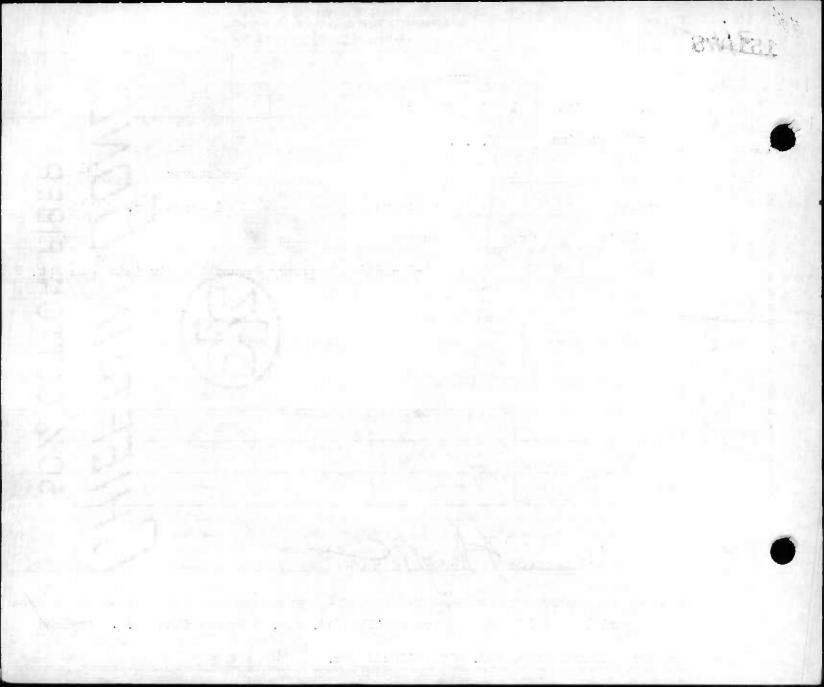
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

**EXAMINER:** THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH.

BP

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

una werracon forgalle



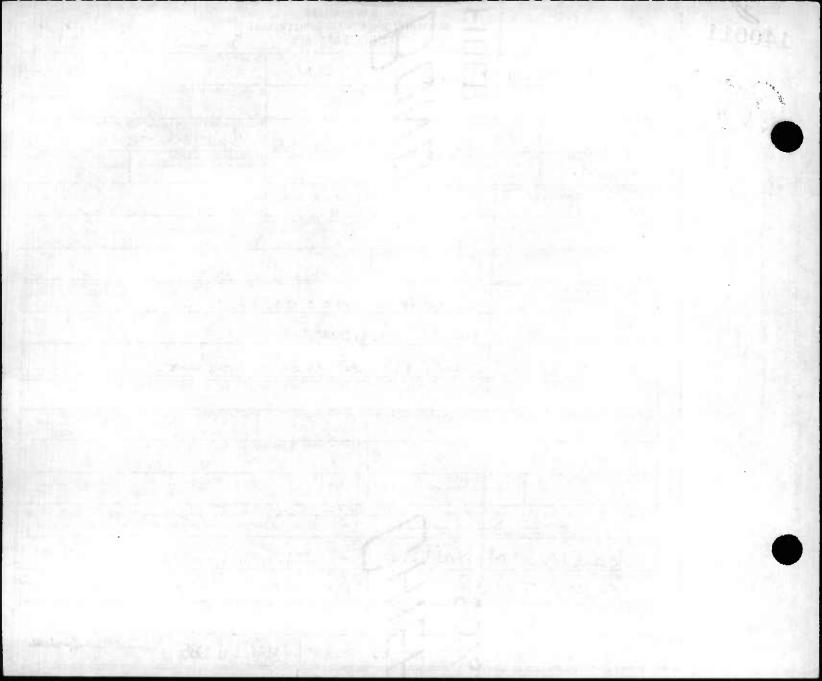
0011	1 -	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5	4266
9 9 9	(TYPE	CEASED NAME PIRST	11100.6	SUTTON	20 DATE OF DEATH MONTH D	7-8+ 7-55-
( ( A )	3. SEX	Female	Black	5. DATE OF BIRTH MONTH DAY YEAR 1 19 89		FUNDER TYFAR IFUNDER 24 HRS. ONTHS DAYS HOURS MIN.
death funerol thin 72 to	C	RTHPLACE (STATE OR FOREIGN OUNTRY)  N.C.	76. CITIZEN OF WHAT COUNTRY?  USA  11. NAME OF HOSPITAL, NURSIN	MARRIED NEVER MARRIED WIDOWED NO OTHER INSTITUTION	BALTIMORE CITY OR COUNTY	
ours ofter in by the f e filed with	Bo	thuse.	(IF NOT IN SUCH FACILITY, GIVE STREET IN PROVIDENT HO	ADDRESS) Ospital	(TYPE OF WORK FOR MOST OF WORKING LIFE	INDUSTRY
24 ho	13a. S	TATE 136 COU		N 113d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 4806 Gwynn Oal	21207 Ave.
completely f		Robert	Moore Last	Hattie	MIDDLE	last
on and comp s. Pages, an		(AS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 16b SOCIAL SECU VE WAR OR DATES) N/F		looring 4806 Gwy	on Oak Ave.
PHYSICIAN: The law requires that the death certificate bending physician.  This certificate has been signed by the otherding physician the burial-transit permit. Then please remave carbon papers and Avental Hygiene prior to burial, crematian, ar remaval.  d or them 18 shows any injury, or ather traumatic event, the		PART I. DEATH WAS CAUSE	TE CAUSE (a)	lac Arres	55+4.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the deal d by the otter lease remarkan ial, cremation ar ather troum		Conditions, if any, which gave rise to immediate cause [a], stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF	+ Failure.	
en signed Then ple or to burio	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIVE	N IN PART 110
The law recicion.  Ite has been nist permit. Trajene prior is shows ony in	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
IG PHYSICIAN: The attending physician per this certificate has she burial-transit prond Mental Hygiennrked or Item 18 shown		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE  (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH DA	AY YEAR	PRRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)
or attending	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY ) AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTEN Pitol for us		sow the deceased alive or above, (I) (we) (did) (did no	ital) attended the deceased from		n death accurred on the date and hour	
by the has by the has ERAL DIREC e detached State Dept.		226. SIGNATURE  LOCELL	- M. Malt		MEDICAL STAFF DIRECTOR PHYSICIAN	5/13/H
TO HOSPITAL of the country of the co		22d. PHYSICIAN'S NAME (TYPE	THUR	Provide	ent Hospidal	Balkvor
BP		urial, cremation, removal specify) Burial	236. DATE 23c. N	Mt. Auburn Cem	CITY OR TOWN	COUNTY STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

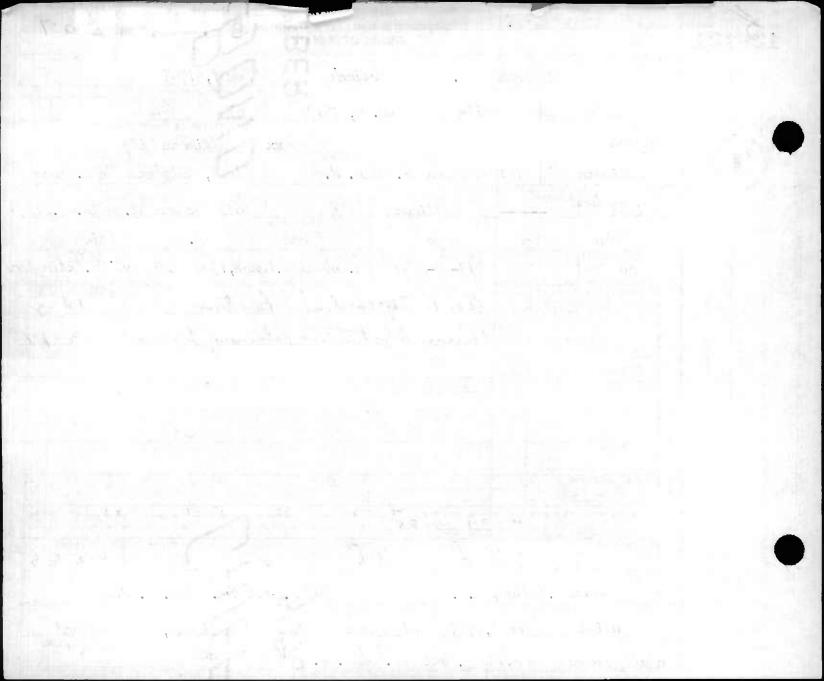
24. FUNERAL DIRECTOR William C. March F/H ADDIE 101 E. North

Mt. Auburn Cem. Baltimore MD

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR 250 REGISTR



FOR		STATE OF MARYLAN.		4967
1 - STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	REG. NO.	4 4 0 7
1. DECEASED NAME (TYPE OR PRINT)	F#ST MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
(11.207)	Elizabeth M.	Svnjcak	May 1, 1985	M
3. SEX	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	# UNDER I YEAR IF UNDER 24 HRS
Female	White	Dec. 9, 1917	67 YR	
To. BIRTHPLACE (STATE OR		DUNTRY? 8. MARRIED NEVER MARRIES	9 BALTIMORE CITY OR COUN	NTY OF DEATH
Maryland	USA	WIDOWED DIVORCED	Baltimore	
Baltimore	11. NAME OF HOSPITA (IENOTH SUCHFACILITY, 1612 Jack	L, NÜRSING HOME OR OTHER INSTITUTION GIVE STREET ADDRESSES SON St. Dalto . Md.	N 12a USUAL OCCUPATION (TYPPOT WORKFOR MOST OF WORKN LENK, HUTZLE	126. KIND OF BUSINESS OR INDUSTRY. Store
13a. STATE Marular		ORTOWN 13d INSIDE CITY LIMI	- 1/12 //	C 1 0 1 1 1 1 2422
14. FATHER'S NAME		15. MOTHER'S MAIDE	1015 70000	J. Daw M. 212)
John	Adam La	nae (lan	A. MIDDLE	Frick
160 WAS DECEASED EVER	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
(YES, NO ONUNKNOWN)	(IF YES, GIVE WAR OR DATES) 213-	20-0740 Mr. Robert	J.Lange, 1300 Anny	Navy Dr. Halingto
18 CAUSE OF DEAT PART I. DEATH V	H (Enter only one couse per line for t		01 +	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PARTI DEATH	IMMEDIATE CAUSE (a)_	the Myorardial	Suparelyn	1 day
	DUE TO, OR AS A C	ONSEQUENCE OF	00 n-	2
Conditions, if any		mic Obshuline	Valmoneur Disea	x 397
couse (a), stati	ng the DUE TO, OR AS A Co	onsequence of	V	
	NIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
190. DATE OF OPERA 210. ACCIDENT WAS UN	TION 196. CONDITION FO	OR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF	YES, WERE FINDINGS USED
2 1			YES NO O	RTIFYING CAUSES OF DEATH?  YES \( \bigcap  \text{NO} \( \bigcap \)
21a. ACCIDENT WAS UN			CCURRED (ENTER NATURE OF INJURY IN ITEM	IB PART I OR PART 2)
On CONTENENT TIME	Chose of Death	NTH DAY YEAR		
(IF EITHER, NOTIFY MED  21d. IN JURY OCCUR		RY 211 LOCATION	CITY OR TOWN	COUNTY STATE
WHILE NOT W	HILE	MT. OFFICE, FARM, ETC.)		
22a.1 certify that (1	(this haspital) attended the deceas		80 ,10 5 -1	
sow the decea	ed olive on 4-24 did) (did not) view the body after dec	19_5, and that in (my) (our) or	oinion death occurred on the date and	hour and from the causes stated
22b. SIGNATURE	1 00 1	DEGREE		22c DATE SIGNED
/	infolled	M W ATTENDI		5-3-85
22d. PHYSICIAN'S N	AME (TYPE OR PRINT)	22e ADDRESS		
1 Aare	on (.Sollod, M.D.	707 8	.Fort Ave. Balto.M	d. 21230
230 BURIAL, CREMATION		23c NAME OF CEMETERY OR CREMAT	ORY 23d. LOCATION	COUNTY STATE
Buria	May 3, 1985	Holy (ross (emete		Maryland
24 FUNERAL DIRECTOR		ADDRESS 21230 44 1	MAY 3 1985	GISTRAR'S SIGNATURE CLARE
Mo ully Fun	eral Home, 130 E.F	ort Ave. Balto. Md.	111111	



S NAME FIRST  TVIN  ECEASED EVER IN U.S. AI OR UNKNOWN)  (IF YES, GI  AUSE OF DEATH LEnter o ART I. DEATH WAS CAUSI IMMEDIA  ditions, if any, which	4 RACE  White  76 CITIZEN OF WHAT COUNTE  U. S. A.  11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR  THE JOHNS HOPK  OR OTHER INSTITUTION GIVE RESIDENCE BE  INTY  NITY  INTY  LAST  RESS  RMED FORCES?  RMED FORCES?  166 SOCIAL SE  219-36	S DATE OF MONTH Feb. 2  RY? 8 MARRIED WIDOWED OR REET ADDRESS)  INS HOS HORE ADMISSION OWN  OWN  ECURITY NO.  6-3616	Nover Married Divorced  9 BALTIMORE CITY OR COUNTY OF BALTIMORE CITY  120 USUAL OCCUPATION  (17 SUPPLY MOST OF WORKING LIFE)  Technican  13e.STREET ADDRESS / ZIP CODE RICE.  ME  MIDDLE	3:03 A BEUNDER I YEAR BEUNDER ZA HAN ONTHS DAYS HOURS MIN. OF DEATH  Y  IZE. KIND OF BUSINESS OR INDUSTRY HOSPITAL  21713  Ridenour  Box 207	
ACE (STATE OR FOREIGN  VY)  EVILLE, Md.  TOWN OF DEATH  TIMORE  SIDENCE IF NURSING HOME OF DEATH  SIDENCE IF NURSING HOME OF DEATH  ECEASED EVER IN U.S. AI OR UNKNOWN) (IF YES, GI  AUSE OF DEATH IEnter of ART I. DEATH WAS CAUSI  MMEDIA  ditions, if any, which	White  7b CITIZEN OF WHAT COUNTE  U. S. A.  11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STE  THF JOHNS HOPK OTHER INSTITUTION GIVE RESIDENCE SE  PROBLE  LAST B.  ROBER  RMED FORCES? INE WAR OR DATES)  219-30  Inly one cause per line far (a), (b), ED BY.  ALTE CAUSE (a)  C. A.  11. NAME OF WHAT COUNTE  II. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STE  12. LAST  RESS  219-30  INITY WAR OR DATES)	MARRIED WIDOWED RSING HOME OR REET ADDRESS) TINS HOSI FORE ADMISSION OFF  ECURITY NO. 6-3616	Nover Married Divorced  9 BALTIMORE CITY OR COUNTY OF BALTIMORE CITY OF COUNTY OF BALTIMORE CITY OF COUNTY OF	ONTHS DAYS HOURS MIN.  OF DEATH  TY  MD.  12b. KIND OF BUSINESS OR INDUSTRY  Hospital  21713  Ridenour  Box 207  sboro, Md. 2171	
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I and Wash  S NAME FIRST  PVIN  ECEASED EVER IN U.S. AI OR UNKNOWN)  AUSE OF DEATH IEnter o ART I. DEATH WAS CAUSI IMMEDIA  ditions, if any, which	middle  Respective war or Dates)  middle  Respective war or Dates)  middle consideration of the social set of the social	ECURITY NO.	13d. INSIDE CITY LIMITS? YES NO TO TO THE STATE OTHER SMAILER	I3e.STREET ADDRESS / ZIP CODE.  REd. Box 207  ME  MIDDLE  ADDRERED. 1	Ridenour Box 207 sboro, Md. 2171
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ART I. DEATH WAS CAUSI IMMEDIA ditions, if any, which	ED BY. ATE CAUSE (a) Car	rdiac	errest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
re rise to immediate se (a), stating the erlying cause last.	DUE TO, OR AS A CONSEC	5-eps1	is		12 hr
OVAVI ATE OF OPERATION 5/4/83	196 CONDITION FOR WHI	inom	a	200 AUTOPSY? 2016. IF YES, YES NOTE OF YES	WERE FINDINGS USED ING CAUSES OF DEATH?
	P.M. 21e PLACE OF INJURY	DAY YEAR 19	211 LOCATION	RED (ENTER NATURE OF INJURY IN 11EM 18 PAI CITY OR TOWN	COUNTY STATE
certify that (I) this hasp	5/5 19	85 and	GREE ATTENDING	MEDICAL STAFF	9
HYSICIAN'S NAME (TYPE	OR PRINT		JOHNS HO	WOLFE ST. NOS	P BAUT
JIN, WI	CHILL.		METERY OR CREMATORY		Wash. Co., Md.
L C	dow the decrees live of above. (I) sendid did not sign at the	Certify that (1) this hospital) attended the deceased from the distribution of the din	Certify that (1) this haspital) attended the deceased from the deponds live or solve the certify that (1) this haspital) attended the deceased from 19 and one or solve (1) to grad did not view the body attended to the provided that the body attended to the provided that the body attended to the body at	Certify that (1) this hospital) attended the deceased from the diproversity enrich the control of the provided on the diproversity enriched the deceased from the deceased from the diproversity enriched the deceased from the de	Certify that (1) this hospital) attended the deceased from the dark with

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Arrival denington december 11. 1 des 224 2173

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13704 ASA 7 . FE 219- 36-3516 Mr. Brymodid C. Serrtz, Bronebore, Mr. 21713

3-U-85 Neonlass Res. Pers Illiansort, sast. Co., Ma.

John H. Big. Jr. Br. Socrepone, M. 21213 ... W. State

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

						Fig.
MEDICAL	FYAA	AINIED'C	CERTIFIC	ATE	OFDEA	THE

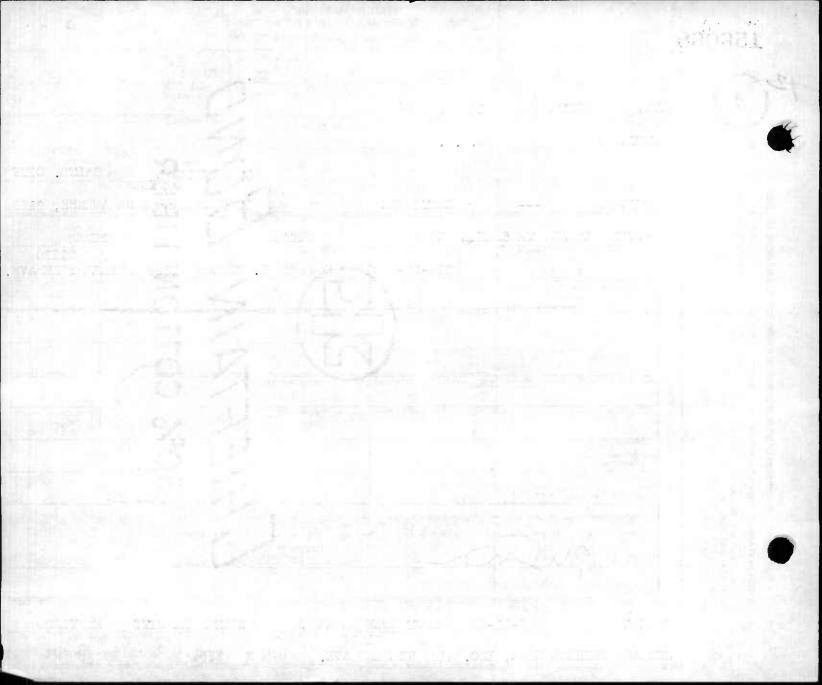
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REG. NO.				

4	DÈC	EASED NAME	FIRST			MIDDLE			LAST			20 DATE	KNOWN	MONTH	DAY YEA	26 HOUR
	(TYPE	OR PRINT)	WILL	TAM	3	XAVIE	R	STATE	OBODA		SR.	OF	ESTI- MATED	<u> </u>	27 19 8	5
3.	SEX	- 4	I. RACE	5 DATE	OF BIRTH		6 AGE (IN YE	ARS IF UN	DER 1 YR.	IF UNDE	R 24 HRS.	2c. DATI		MONTH	DAY YEA	IR 28 HOU
	MA	LE	WHITE	07	19	28	56 Y	RS. MONTH	S DAYS	HOURS	MIN,	PRONOU DE AL		5	27 19 8	5 1:09
-7	a BIR	THPLACE (STA				HAT COUN		To .	ED X NE	VED MAD	DIED 🗆	9 BALTIA	AORE CITY	OR COUN	TY OF DEATH	
3		ARYLANI	)		II :	S.A.		WIDOW			CED	Bal	timor	e Cit	v	AAT
10		OR TOWN C			NE OF HOS	SPITAL, NU	RSING HOM	E, OR OTH	ER INSTITU		12a US	UAL OCCU	PATION (	TYPE OF WORK	126. KIND OF	
4	B	altimor	·e				reet ADDRESS)	Ave.				MOST OF WO			BALTO,	
		RESIDENCE (	F IN NURSING HOME	OR OTHER INS		IVE RESIDENCE	BEFORE ADMISS	ION)	13d. INSIDE (				OFF	ICER		
		ARYLANI		NII	and the same of		OR TOWN		YES X	NO [		9 MOR		PARK	A VENUE	21230
Ť.	4. FA1	HER'S NAME				-4-			15. MOTH	ER'S MAIL		E				
		MELVIN	THEOPH	IILE I	LEEK	SWOBO	DA			ERTHA		- 1	MIDDLE		BURKE	
10	6a. W.	AS DECEASED	EVER IN U.S. AF	RMED FOR	CES?		CIAL SECURIT	Y NO.	17. INFOR				ADDŖE	SS		230
	N		(IF TES, GIV	E WAR OR DAT	E3)	214	-22-77	01	MODE	ESTA	L. SW	IOBODA	1809	9 MORE	RELL PAI	_
F	T	18 CAUSE OF	DEATH (Enter o	nly one cou	se per line		-								APPROXIM	ATE INTERVAL
		PARTIDEA	TH WAS CAUSE	ED BY:	( Gur	shot	wound	of h	ead a	nd ha	angin	a (ha	ndaur	1	BETWEEN ON	ISET AND DEATH
			INVICEDIA				SEQUENCE		20100			2-1-24				
		Conditions	, if ony, which	1											4.0	
			to immediate		(b)	AS A CON	NSEQUENCE	Or.								
	- 1	lying cous			JE TO, OK	AS A COP	ASEGUENCE	OF								
1	-	PART 2 STHER CIC	NIFICANT CONDITION	CONTRIBUTIO	(c)	BUT NOT BEL	AVEO VO THE VERY									
		PART Z DTITEK 3101	AITICANI CUNUITIUN	CONTRIBUTION	IG TO DEATH	BOI MUI KELI	RIEU IU IME IERA	NIMAL DISEASE	OK CONDITIO	IN GIVEN IN P	'ART I ig					
1	MEDICAL CERTIFICATION	90. DATE OF	OPERATION	119	L CONDI	TION FOR	WHICH OPER	RATION W	AS PERFOR	RMED?		_			20 AUTOPS	Y2
1	S.															
T		10. EXTERNAL	CAUSE WAS	21	b. TIME OF	FINJURY		71c HC	W INTURY	COCCURR	ED JENTER	NATURE OF IN	ILIRY IN ITEM	18 PART I OR P	YES _	NO 🔀
1	L'C	JNDERLYING	⊠ OR				DAY YEA	R							PRI 23	
1	Š	CONTRIBUTIN	G CAUSE OF		P.M	1. 5-2	7- 198!	5 Sub	TATION	shot	and	hange	d sel	f.		
1	¥					TORY, FARM, E		5	TREET			CITY OR TO	WN	C	OUNTY	STATE
		AT WORK	AT WORK	X	hc	ome		180	9 Mor	rell	Pk.	Ave.,	Balt	o. Ci	ty	M
ı		220. I certify	that I took char	ge of the re	emains des	cribed ob	ove, held an	Autops	v 🔲.	Inspecti	on X	Inquiry		and in my a	pinion	
ı		death resulted	d from: Natu	ural causes		Accident	☐ Su	ncide X	Homi	cide .	_	termined m		1.		
1			h	(	1-					SPECIFY)	o n d c					
1		ACTUAL	MV	1	N	-	-	AA			t MET	OICAL EXAM	MINIED	DATE	5-28	-85
1		SERVICE MARKET	M											SIGN		
121		XAMINER'S N	iame Ani	n M. I	Ji.xon	, M.L	).		ADDRESS_	111 P	enn S	St., ]	Balto	., MD	21201	
2	3e.BU	RIAL, CREMAT	ON, REMOVAL	23b. DATE		23c. 1	NAME OF CE			ORY	23d. LC	OCATION				STATE
	( SP	CIFY)									CITY					
	BU	RIAL		05-3	1-85	M	OST HO	LY RE	DEEME	R			RE CI		MARYLA	

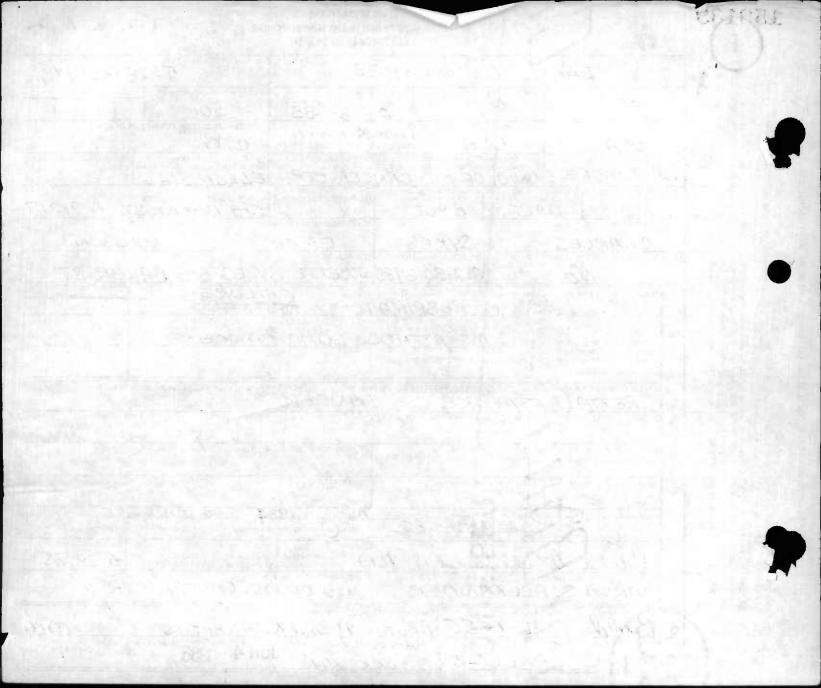
DHMH - 17 (VR A15 ME (5))

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

1985 Julia Javidson-Randale



159439				STATE	OF MARYLAND		1 4 0 7 11
(F)	1-	FOR STATE REGISTRAR	DEPARTI		EALTH AND MENTAL HYG ICATE OF DEATH		44
		CEASED NAME FIRST	WIDDLE	SYKE	AST	REG. NO 2a DATE OF DEATH	MONTH DAY YEAR 26. HOUR
1 1 2	-	EAR					2-28-85 145pm
ge 4 mg	3. SE)	m	4. RACE	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRT	YRS.
1 1 99		RTHPLACE (STATE OR FOREIGN	USA	MARRIEL WIDOWE	NEVER MARRIED D	9. BALTIMORE CITY O	R COUNTY OF DEATH  MD.
Selection of the select	-	ALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET UNIU, OF MO		CER CTR.	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF ELECTRIC	WORKING LIFE) INDUSTRY
124 house in	13a. S			'N I	YES X NO [		ER ST. 21217
a with nd 2 s.	14. FA	THER'S NAME FIRST	MIDDLE SOLLAST	C	15. MOTHER'S MAIDEN NAME FIRST	MIDDLE	WILSON
nd com		CHARLES  VAS DECEASED EVER IN U.S. AF  EES, NO OR UNKNOWN)	SYKE.  RMED FORCES? 16b SOCIAL SECU		17. INFORMANT	ADDRE	
be no o rs. Po		NO	212-30-	6783	JOSETTE S	YKES 515	TBAKER ST
physicion on pape emoval.		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), an ED BY: TE CAUSE (a) RESP		TORY DE	TRESS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death ce ottendin ove carb hian, or i		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	ATIC	2 LUNG C	CANCER	
by the cose removed. It cremoves		gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	ENCE OF			
The pled	NO	PART 2 OTHER SIGNIFICANT RENAL	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	IN AL DISEASE OR CONE	DITION GIVEN IN PART 110
Not be for the formal of the f	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
Clan T		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D.	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
G PHYS otherding on the bur tond Me ked or it	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC )	21f LOCATION STREET	CITY ON TOV	WN COUNTY STATE
ENDRA Bool er Tot. Ah In one of Health		22a.l certify that (1) (this hosp	ottended the deceased from 28 JUNE 19 8	35_, an	may, 19_198 and that in (my) (our) apinion of	1	UNE, 19_85, that (i) we) last te and hour and fram the causes stated
the host the bost the Dept.		22b. SIGNATURE	Celestande	12	O ATTENDING PHYSICIAN IN	MEDICAL STAF	FIAN 5/28/85
HOSS-IN- Blood by FUNERA budd be di du the Sto	1	22d PHYSICIAN'S NAME (TYPE CARLA S.	OR PRINT) ALEXANDER	2	220 ADDRESS ONIU OF TO		
54 543 3-1	1	SURIAL CREMATION REMOVAL	23b. DATE 23c 1		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP	24 FI	JUNEAL DIRECTOR	16-1-85 A	BUTU	5 Memiph	ARBUTL	AS MA
DHMH - 16 50M 4/83 (VRA 15, 4)		AMUEL T.	REDD -5209	YOR	md, 7, 7, 250 DAJI	UN 4 1985	Jane Harrason-Mandalle



_		FOR	
1	-	STATE	
		REGISTRAR	

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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5	1	4	2	1
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	DECE A	SED NAME	FIRST	1	WIDDLE	L	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOL
	TIPE OR P	Kitali	Kat	therine	K.	Syl	vester	May 16, 1985	9:15
3.	SEX			4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER
	F	emale		Whit	е	Jun	e 4, 1910 YEAR	74 YE	
35	COUR	PLACE (STATEO	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	Baltimore City  Baltimore City	
		or town of de	ATH	11. NAME OF (IF NOT IN SU 4403	HOSPITAL, NURSING PACILITY, GIVE STREET	IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN  HOUSEWIFE	12b. KIND OF BUSINE
The state of the s		ESIDENCE (IF NU	RSING HOME OR		GIVE RESIDENCE BEFORE				
36		yland	136 COUN	A STATE OF THE PARTY OF THE PAR	Baltimor		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP C	
10		R'S NAME			Darcimor	-	15. MOTHER'S MAIDEN NA	4403 Kavon A	/e. 21200
25	0++	FIRST		MIDDLE	LAST		FIRST	MIDDLE	t AST
~	Ott		D IN III C AC	MED ECOCECO	Kruger	O14 VTIGI	Emma 17 INFORMANT	ADDRESS	Buchholz
1	(YES. 1	DECEASED EVE 10 OR UNKNOWN)		E WAR OR DATES)					
L		No			214-01-7	585	Mr. Harry	H. Sylvester S	Same as # 13e
	18	PART I. DE ATH	TH (Enter on	ly ane cause pe	r line for (a), (b), an	dict.)			APPROXIMATE INTE
	_	nderlying cau		(c)_					
rulory.		RT 2 OTHER SIG	GNIFICANT	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CONDITION	GIVEN IN PART Tra
	CERTIFICATION 180	DATE OF OPER	ATION	19b. CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USE RTIFYING CAUSES OF DEAT YES NO
	0.0	. ACCIDENT WAS U CONTRIBUTING IF EITHER, NOTIFY ME	CAUSE OF DEA	TH HOUR A	OF INJURY M. MONTH D. P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
	) 및	I. INJURY OCCU			OF INJURY	ARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY
		WORK NOT NOT N	ORK						
	22				he deceased fram_		10 19 84	, to May 16	, 19 <u>\$5</u> , that (I) <del>(</del>
7		saw the deced above, (I) (we)	sed alive an	April 1	o 19 S	, at	nd that in (my) (aur) apiniar	death accurred an the date and	haur and fram the causes str
	22	SIGNATURE					DEGREE		22t. DATE SIGNED
		e aria	Mort	Rosen.	thal		MO ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	5/16/85
	22	PHYSICIAN'S	AME (TYPE O	R PRINT)			22e. ADDRESS		
		Car	la Ros	enthal	MD		3400 Brehr	as Lane Baltime	ore, Maryland
2	3a BUR	AL, CREMATION	I REMOVAL	23b. DATE	23c.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	
4			,					CITY OR TOWN	COUNTY
í	(SPEC		,	5/20/		orela	nd Mem. Park		, Maryland

DHMH - 16 50M 4/83

(VRA 15, 4)

NAME

Leonard J. Ruck Inc. Baltimore, Maryland

wie buildion handelle

Sant 'st As a contact the

OF THE PROPERTY OF

of todayed sind

The Brehms Lane Meditions, Fortland

15703

in by the funeral director, page of filed within 72 hours ofter dea

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	REG. N	10.				
	20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOL	JR
BRON		5-	-31-	85	4.	50
Н	6. AGE (IN YEARS LAST BE	RTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HR
27.1919	65	YPS	MON1H5	DAY5	HOURS	MIN

TI. DE	CEASED NAME	FIRST		MIDDLE		A51	Zo. DATE OF DEATH	ONTH DA	AY YEAR	12b. HOU	JR
{TYP	OR PRINT)	114	-IE	D.	7	ABRON		5-3	31-85		50
3. SE			4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHE		F UNDER 1 YEAR	IF UNDER	
	Male		Bl. ac	ck	Jul	y 27,1919	65	YRS.	ONTHS DAYS	HOURS	MIN.
	IRTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	9		9 BALTIMORE CITY OR	COUNTY	OF DEATH		
	N. C.		TT	S.	WIDOWE	D NEVER MARRIED K		1	itu		
10.0	ITY OR TOWN OF DEA	TLI				OR OTHER INSTITUTION	12a, USUAL OCCUPATIO	NI NI	12b, KIND O	E DI ICINIO	JM
10. C			(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST OF V			L POSINE	133 OK
	Baltimor	e	North C	harles Ge	neral	Hospital	Laborer		Const	ruct	ion
	AL RESIDENCE (IF NURS STATE MD		OTHER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS? YES X NO \	130. STREET ADDRESS 620 Cherato	n Roa			
14. E/	ATHER'S NAME					15. MOTHER'S MAIDEN NA	ME				
0	The	omas	WIDDLE	Tabror	1	Nora	AIDDIE	G	oins	T	
	WAS DECEASED EVER			166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRES:	S	1		
(	Yes no or unknown)		W.II	224-18-	-9810	Carolyn Joh	nnson (same	as	13e)		
	18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE			160 E	5			BETWEEN	MATE INTEL ONSET AND	PEATH
	Canditions, if any,		(b)	R AS A CONSEQUE	nce of	Infection				No.	
	couse (0), statin underlying couse	ig the	DUE TO, O	R AS A GONSEQUE	NCE OF	ight					

seizure	COMPROSE	, Cham hans	cerrous	1 100
5/8/85 WILLES	IN CONDUINTOR	WHIEH OFERATES WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
210187 11/11/15	Work	20 A - E 16 Bb	VES D NOTA	VEC O NO O

210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21h TIME OF INJURY HOUR A.M. MONTH! DAY

21d. INJURY OCCURRED 21e PLACE OF 211 LOCATION NOT WHILE

CITY OR TOWN COUNTY

220.1 certify that (1) (this hospital) ottended the deceased from sow the deceased olive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

dbove, (ii) (we) juic	d) (did not) view the boar dire death.			
226. SIGNATURE	2	DEGREE		22c DATE SIGNED
146	GILLET TOUCK		ATTENDING MEDICAL STAFF	1 5-31

22e. ADDRESS

23e. BURIAL, CREMATION, REMOVAL 23b DATE (SPECIFIC PROMISE OF CREMATION 6/1/1985

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION Baltimore, Maryland

STATE

NO T

STATE

24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

FOR - STATE REGISTRAR

Westview Mem 21225 eorge J. Gonce, 4001 Ritchie Hg., Baltimore, MD

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been

for use as the buriol-tronsit permit. To Health and Mental Hygiene prior

or Item 18 shows any

MPORTANT: If hem 21 is

should be detached for with the State Dept. of 1

filled in by the f

	STATE OF MARY
FOR	DEPARTMENT OF HEALTH AND
- STATE	CEDTIFICATE OF

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &
CERTIFICATE OF DEATH

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64	has	1
	19.7	

	CEASED NAME FIRST	440045		LAST	7.0				
	00.000	MIDDLE			20.	DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
TYPE	WISS WISS	iam Ja	mes To	28804	Sr	2	5 0	34 85	9.35
3 SEX		1 RACE		OF BIRTH		GE (IN YEARS LAST BIR		IF UNDER I YEA	R IF UNDER 2
J JL/	inn . /.	1	MON		YEAR	10		MONTHS DAYS	
	male	Blace	K 12	2 20	16	68	YRS.		
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8.	IED NEVER MA	ARRIED 7.1	ALTIMORE CITY O	R COUNT		
	mb	USA	WIDOW		ORCED	Balt	man	o Cit	4
10 CI	ITY OR TOWN OF DEATH		ITAL, NURSING HOME	OR OTHER INSTIT		USUAL OCCUPAT			OF BUSINES
	city	(IF NOT INCUCH FACIL	ITY, GIVE STREET ADDRESS)	_	(1)	PE OF WORK FOR MOST C	OF WORKING LI	IFE) INDUSTR	Y
USUA	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RE	SCCOULT ESIDENCE BEFORE ADMISSION	1)					212
13a. S	STATE 136 COI		CITY OR TOWN	134. INSIDE CIT		STREET ADDRESS	ZIP COD	E /	5/
	TTD men			7	NO [	153 3	. //	criey	ST,
14. FA	ATHER'S NAME FIRST	WIDDLE	LAST	, FI	MAIDEN NAME	MIDDLE			AST
	Unkn			l U	nKn				
	VAS DECEASED EVER IN U.S. A		SOCIAL SECURITY NO.	17 INFORMAN		ADDRE	ESS		
{ Y	YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	- 10-2647	7 1/11/12	Talla.	15	7 5	Marlo	1.54
	/\/0	2//4		VIVIAN	MILE	/4	) ()'	APPRO	KIMATE INTERV
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	only one couse per line for	or (0), (b), and (c).)	0	/			BETWEE	NIMATE INTERV
		ATE CAUSE (0) Tel	rminal	(Manto)	1 201	anda AV	1		
	IMMEDI	AIL CHOSE (O)			0 -	Ca 0	0		
			CONSEQUENCE OF		('Cim	an of.	eung	7	
		DUE TO, OR AS A	A CONSEQUENCE OF		Com				
	Conditions, if ony, which	(	A CONSEQUENCE OF		Com	0	1		
	gove rise to immediate	(b)			Con	0	1		
	gove rise to immediate couse (a), stating the	(b)	A CONSEQUENCE OF			0	- 8		
	gove rise to immediate	(b)				0	J		
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A	A CONSEQUENCE OF	JT NOT RELATED T		U	DITION GI	VEN IN PART	1(0
NO	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A	A CONSEQUENCE OF	UT NOT RELATED T		U	DITION GIV	VEN IN PART	110
ATION	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A	A CONSEQUENCE OF		TO THE TERMINA	U	20b. IF YE	S, WERE FIND	INGS USED
FICATION	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A	a consequence of Ibuting to death bu		TO THE TERMINA	L DISEASE OR CON	20b. IF YE	S, WERE FIND FYING CAUSE	INGS USED
RTIFICATION	gove rise to immediate couse 101, stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION	DUE TO, OR AS A  (c)  (CONDITIONS CONTRI	A CONSEQUENCE OF	ON WAS PERFOR	TO THE TERMINA	L DISEASE OR CON	20b. IF YE IN CERTI	S, WERE FIND FYING CAUSI ES	OINGS USED ES OF DEATH
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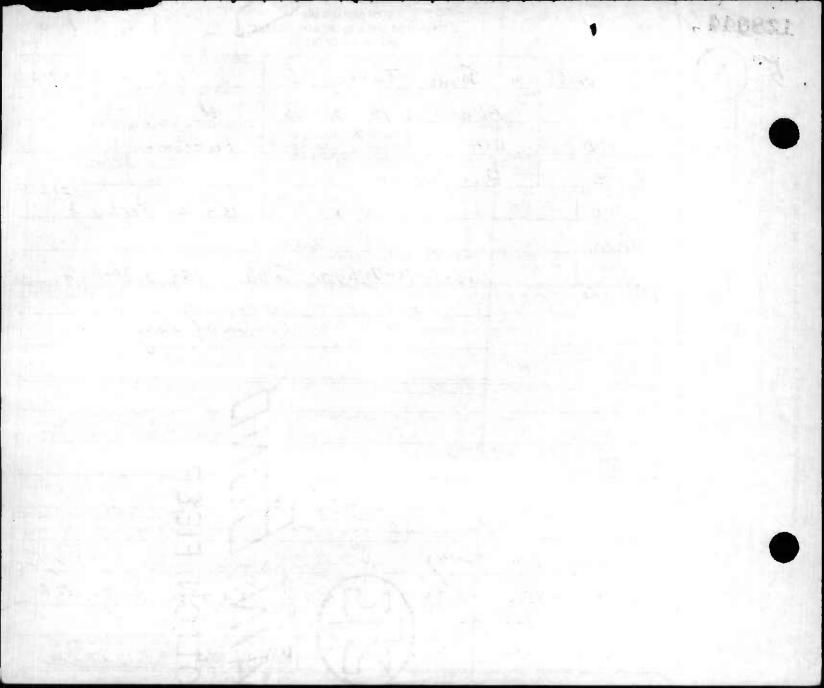
DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the hospital or attending physician

TO HOSPITAL

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and corshald be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar removal.



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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and coshould be detached for use as the busial-transif permit. Then please remove carban papers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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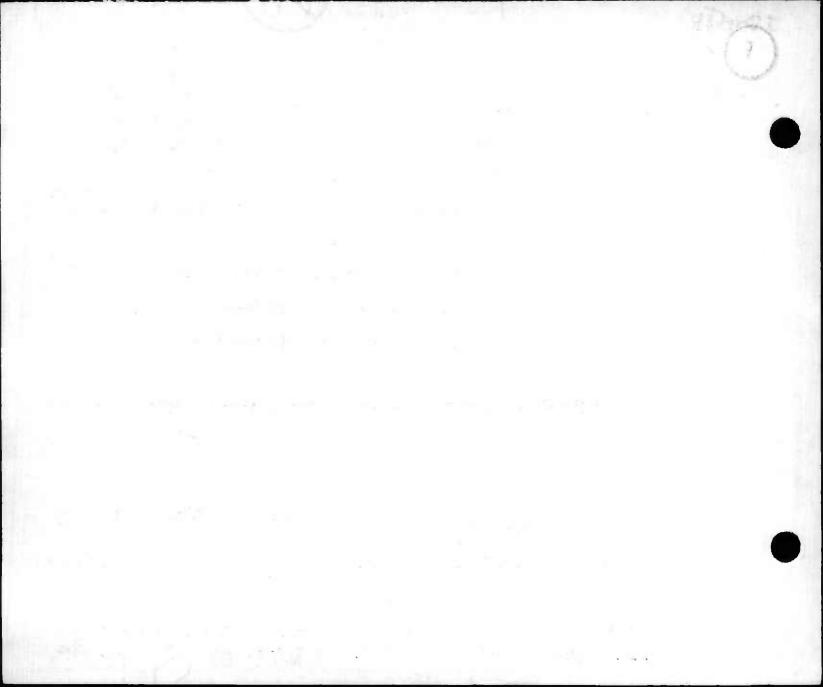
(VRA 15, 4)

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1	-	STATE
		REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REGISTRAR			CERTII	ICATE OF DEATH	REG. NO.			
- 1		CEASED NAME FIRST	WIDDLE	L.	ASI	20 DATE OF DEATH MONTH DAY YEAR 26. HOUR			
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ı	3. SEX		4. RACE	5. DATE C	OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HE		
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		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	(? 8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY			
9		Md.	USA	WIDOWE		Baltimore C	ity ,		
0		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STREE)  3736 Ellet			120. USUAL OCCUPATION (14PE OF WORK FOR MOST OF WORKING LIFE	126, KIND OF BUSINESS ( INDUSTRY		
5	13a. S	Md.	NOTHER INSTITUTION, GIVE RESIDENCE BEFORE TO BALLO.	ORE ADMISSION) WN	13d. INSIDE CITY LIMITS?	3736 Ellersi	21218 ie Ave.		
		THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAME				
0		Howard	Diggs		Elizabe	th S	Smith LAST		
7		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL SEC	CURITY NO.	17 INFORMANT	ADDRESS			
41	(1	No	218-12-	-6970	Raymond T	aylor 419 Cum	mings Ct.		
ı		18 CAUSE OF DEATH (Enter or	nly one cause per line for (a), (b), o	and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA		
- 1		PART I. DEATH WAS CAUSE	TE CAUSE (0) ACUT	e Pul	minery &	elema			
-1		DIVER DIA							
- 1		Conditions, if any, which	DUE TO, OR AS A CONSEQ	UENCE OF	andial F.	-farction			
		gove rise to immediate	(b)	- 117	(110111	114-6110			
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	z	cause (0), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	(c)CONDITIONS CONTRIBUTING TO	D DEATH BUT		MINAL DISEASE OR CONDITION GIV			
	ATION	cause (0), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  HLSL []	conditions contributing to	D DEATH BUT	inang Anders	airea , whoi	m Cancer		
7	FICATION	cause (0), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	(c)CONDITIONS CONTRIBUTING TO	D DEATH BUT	inang Anders	200 AUTOPSY? 206. IF YES	WERE FINDINGS USED YING CAUSES OF DEATH?		
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### STATE OF MARYLAND

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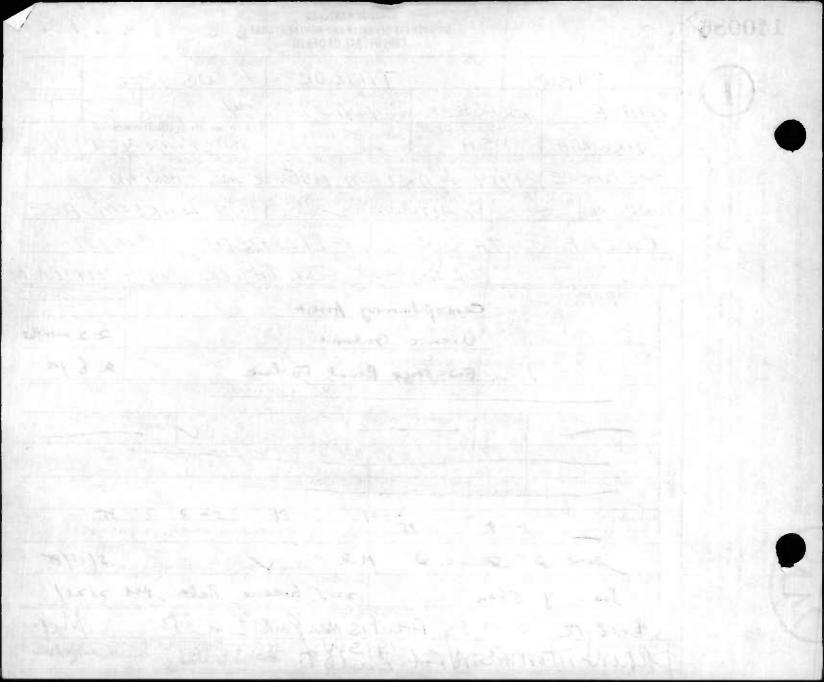
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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0 C	ITY OR TOWN OF DEATH		PITAL, NURSING HO	ME OR OTHER INSTIT		JSUAL OCCUPATION	12b. KIN	ND OF BUSIN	ES:		
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4. F.A	THER'S NAME	WIDDLE	, LASI	15 MOTHER'S A	MAIDEN NAME	WIDDLE		LAST			
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	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one cause per line	for (a), (b), and (c).)	,			BETW	PROXIMATE INTE	RVA DE		
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11 0	OR CONTRIBUTING CAUSE OF DE	ATH HOUR AM	MONTH DAY Y	AR	, occounted (	THE THIRD OF MODEL		(			
OIC/	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) P.M. 21e PLACE OF IN		211 LOCATION	d				_		
MEDIC	WHILE AT WORK AT WORK		ACTORY OFFICE FARM FIG			CITY OF TOWN	COUNT	Y	STA		
	220.1 certify that (I) (this hosp			- 27	19 51 ,1	· 5-8	19 85	, that (I) (	we		
	sow the deceased alive as above, (I) (web-did) (did no		death 19 85	_, ond that in (my) (a	our) opinion death	occurred on the dote o	nd hour and from	the couses st	ote		
	22b. SIGNATURE			DEGREE			22¢ D	DATE SIGNED	_		
	many,	& San	- 4 8		TENDING ME	DICAL STAFF ECTOR PHYSICIAN	0 5	5/15/8	1		
	224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS							
	Steve Y	Shen		225.	breens	2. Balter.	, Md. 2	120/			
	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME	OF CEMETERY OR CR	EMATORY , 23	LOCATION		70			
-	SPEED WITE	5-17-1	STArbo	itus Men	· Park	TO OR TOWN	COUNTY	NG	7		

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.



FOR STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFIC ATE OF DEATH

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•	- 20			

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	ERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral dire	72 hours	-	Onc.
	y the fun	e detoched for use as the burial-transit permit. Then please remove corbanpopers-Poges I and 2 shauld be filed within 72 the		ANT. If tem 2) is marked or tem 18 shows one injury or other troumate event the medical examines make be notified at one
	filled in b	auld be fi	_	milet be
	ampletely	and 2 sh	100	axomine
	an ond co	's-Poges ]		e medical
	ng physici	panpoper	State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar remaval.	- event th
	e attendir	move cork	totion, ar	troumote
	ed by the	please rer	rial, crem	orother
	neen sign	irt. Then p	rior to bu	ny injury
	ote has b	insit perm	ygiene p	Schowso
of the manufacture of the second of the seco	is certific	burial-tra	Mental H	or them 19
	After th	se as the	ealth and	marked
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2	ERAL DI	e detoch	State De	ANT. IF I

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62 .		RTHPLACE (STATE OR
within 72 within 72	V	irginia
ed in	10. CI	TY OR TOWN OF DE
P 6 19		city
e a a	USUA 13a. S	AL RESIDENCE O NUR
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2 sh ines	14 FA	THER'S NAME
completely filled in		Westley
Poges		VAS DECEASED EVER
eorbanpopers ,, ar remaval. natic event, the r		18 CAUSE OF DEAT PART I. DEATH V
by the atteres se remove cremotion		Conditions, if any gave rise to im couse (a), state underlying caus
en signed t Then plea or to burial, y injury, ar c	TION	PART 2. OTHER SIG
TO FUNERAL DIRECTOR, After this certificate has been sign should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiane prior to but IMPORTANT: If Item 21 is marked at Item 18 shows ony injury	MEDICAL CERTIFICATION	196 DATE OF OPERA
ol-transitions and Hygines 18 sh	AL CEF	21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED
his ce d Mer or the	EDIC	21d INJURY OCCUP
OR After this certificate of the burial-transfer the off hand Mental is marked or Item 1	2	220-1 certify that (I
NS A		
d for d for t. of m 23		saw the decease above, (I) (we)
Oche Dep If He		226 SIGNATURE
ERAL e det State		22d. PHYSICIAN'S N
TO FUNERAL DIRECTOR Should be detoched with the Stote Dept. MPORTANT: If them		Ku
F € 3 ₹	23a. B	URIAL CREMATION
	(	Burial
		-ur rar

	REGISTRAR				CLIVIIII	CAILOID	AIII	RE	G. NO.			
	CEASED NAME	FIRST		AIDDLE	L	AST		20. DATE OF DEA		DAY	YEAR	2b. HOUR
(TYPE	OR PRINT)	URD	iE		TA	YLOR			05	19 8	35	4.14A
3. SE	(	1	I. RACE		S. DATE O			6 AGE (IN YEARS L	AST BIRTHDAY]	IF UNDER	DAYS	IF UNDER 24 HRS
	emale		Black		MONTH I-	5-19Î5	YEAR	70	YRS			HOURS MIN.
7a. BI	RTHPLACE (STATE OR F	OREIGN 7	L CITIZEN OF	WHAT COUN	ITRY? 8.	NEVER M	ARRIED []	9 BALTIMORE CI	TY OR COUN	TY OF DEA	ATH	4
	irginia		USA		WIDOWE		ORCED 🗍	Ba	ltim	678	Ci	ty MI
10. CI	C Ty	TH			URSING HOME O STREET ADDRESS) Hospital	R OTHER INSTI	TUTION	12g USUAL OCCU (TYPE OF WORK FOR A Houset	AOST OF WORKING		KIND OF USTRY	BUSINESS OR
		NG HOME OR O		GIVE RESIDENCE 13c. CITY OR Bal	TOWN	4.6.	NO []	13e.STREET ADDR I338 Di			212	I 7
14 FA	Westley	Sco	NDDLE	LAS	т .	15. MOTHER'S Po 1	ID C 7	vanhlin mid	Vangh	lin	(ASI	ī
16a V	VAS DECEASED EVER			166 SOCIAL	SECURITY NO.	17. INFORMAN	1T	A	DDRESS			
()	TES NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	217-	30-3679	Hele	n Scott	t I338 Di	Lvision	St.		
	Conditions, if ony, gove rise to imm couse (a), stating underlying cause	AS CAUSED  IMMEDIATE  which  nediote	DUE TO, OI	Che.	LICUL SEOUENCE OF	mon		r dis	lace			MATE INTERVAL DISET AND DEATH
NOI	PART 2. OTHER SIGN	HFICANT C	onditions <u>cc</u>	ONTRIBUTING	G TO DEATH BUT	NOT RELATED	O THE TERMI					
TIFICAT	196 DATE OF OPERAT	ION	196. COND	TION FOR W	HICH OPERATION	WAS PERFOR	MED	YES NO	IN CER	YES, WERE TIFYING C YES [		OF DEATH?
MEDICAL CERTIFICATION	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEAT	21b. TIME O HOUR A	M. MONTH	DAY YEAR			ED (ENTER NATURE O	F INJURY IN ITEM I	8 PART I ORP	ART 2)	
ED	21d INJURY OCCURR	ED	21e PLACE		FFICE, FARM, ETC.)	211 LOCATIO	N	CITY	ORTOWN	COU	MIA	STATE
2	AT WORK NOT WH	IN E			,	4/	06	- 4	-/-		-	
	224 I certify that (I) saw the decease above, (I) (we) (d	d alive on_	5/1	9	19 8 5, on		, 19 opinian d	, to	19 The date and h	, 19 d		that (I) (we) last couses stated
	226 SIGNATURE	imp	· eje	- 14	lung "	147 P		MEDICAL DIRECTOR P	STAFF HYSICIAN [	226	DATE	SIGNED
	22d. PHYSICIAN'S NA	ANG	- YE	-N }	tuanos	22e. ADDRESS	BON	1 Sei	own		Jo	epiles
23a. E	SURIAL, CREMATION,	REMOVAL	23b. DATE		23c. NAME OF CI	EMETERY OR C	REMATORY	23d LOCATION	1	COUNT		STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

\$/24/85 24 FUNERAL DIRECTOR

231. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.

23d. LOCATION

STATE

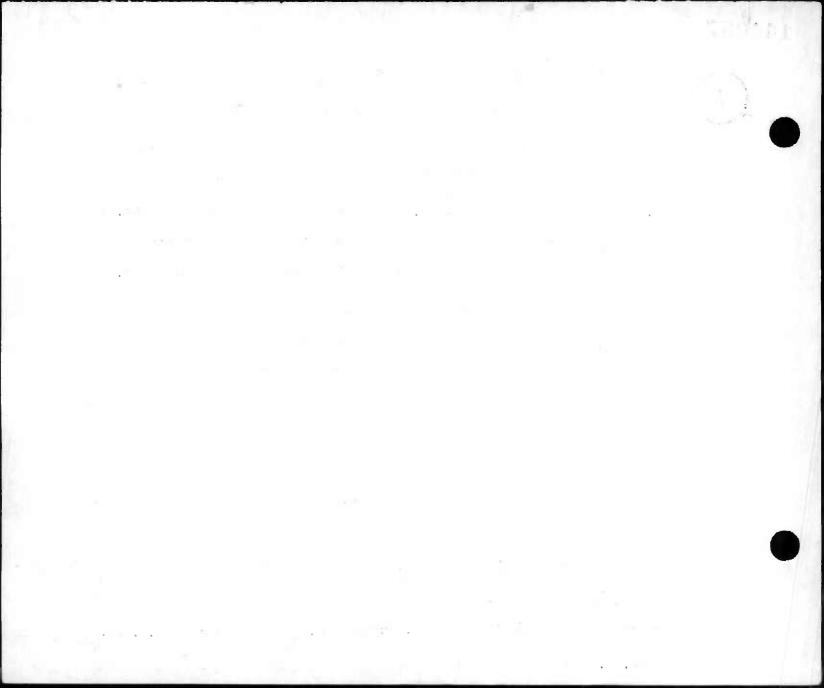
Westport B.C. Md.

250. DATE REC'D. BY REGISTRAR'S SIGNARY

250. DATE REC'D. BY REGISTRARY

2

Chas. A. Rice FSPA I300 Eutaw Pl.



FOR STATE 160038 ELAY IS NECESSARY, PLEASE COTHEFUNERAL DIRECTOR I BAGE 5 FOR YOUR FILES BE FILED, WITHIN 72 HOURS (S., 20) WY REGION STREET,

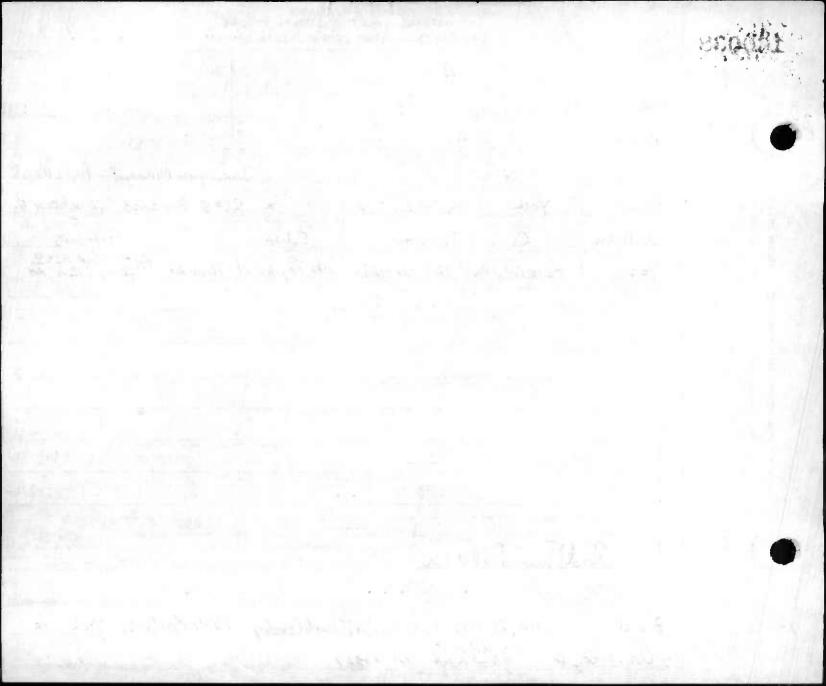
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10		EASED NAME FIRST	WIDDLE	EXAMINER 3	LAST	OIDEATH	REG. NO.		
		OR PRINT)	Λ			OF E	STI- X MONTH	DAY YEAR	26 HOUR
-	3. SEX	CHAR I4. RACE		THOM		DEATH M.	ATED □5-25-		M
		1.41	5. DATE OF BIRTH MONTH DAY YEAR		UNDER I YR. IF UN	DER 24 HRS. 20 DATE MIN PRONOUNCE	D ·	DAY YEAR	2 PHPUR
	7	ale white	July 31, 1931	53 YRS.		DEAD	5-25-		11:25
		ETHPLACE (STATE OR	76. CITIZEN OF WHAT COUL	NTRY? 8 MAI	RRIED A NEVER MA	ARRIED   9 BALTIMOR	E CITY OR COUNT	Y OF DEATH	
1		PENNA.	U.S.A.	WIDO	OWED DIV	orced 🗆 Baltin	nore City		MD.
1	10. CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	STREET ADDRESS)		12a. USUAL OCCUPAT	ION (TYPE OF WORK	126 KIND OF BU	ISINESS
j		ltimore	Fr. Scott Ke	y Hospita		JOURNEYMEN	Millweight	PARELI	Marste
	USUA 13a S1	L RESIDENCE (IF IN NURSING MOME O	R OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)	13d. INSIDE CITY LIMIT	13e STREET, ADDRESS	0	1996	190
				orlogus Two	YES NO	X RD=5 B	ex 5258	speine Ge	se ta
		THER'S NAME	MIDDLE	LAST	15. MOTHER'S MA				
1		William	0 -11	MAN	Eda	JA	G	ibhows	
	16a. W	'AS DECEASED EVER IN U.S. ARA		CIAL SECURITY NO.	17. INFORMANT	4 4	DDRESS	Rx 625	-0
	[16		CEAN WAR 16	3-24-9680	Mrs Phy	1/15 H. Thomas	N SOO,N	6 GRAVE	Pan
1	7	18. CAUSE OF DEATH (Enter onl	y ane cause per line far (a), (b	a), and (c).)				APPROXIMATE	
1		PART I DEATH WAS CAUSED		injuries				BETWEEN ONSET	I AND DEATH
		9070	DUE TO, OR AS A COL	NSEQUENCE OF					-
		Canditians, if any, which gave rise to immediate	(b)						
		cause (a) stating the <u>under</u> -	DUE TO, OR AS A COI	NSEQUENCE OF					
		lying cause last.	(6)						
		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT REL	ATEO TO THE TERMINAL OIS	ASE OR CONDITION GIVEN	IN PART 1 (a)			
	NO								
Ī	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED?			20 AUTOPSY?	?
	F							YES X	мо П
7	ER	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY	21c.	HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PAR		
	AL C	UNDERLYING OR CONTRIBUTING CAUSE OF D	BEATH 11:15AM 5-	24-85 a	surge of	steam and was	ter from a	a cookin	ng .
	MEDICAL	214 INTURY OCCUPPED	21e PLACE OF INJURY	Y (AT HOME. 2VE		ck subject s	raight or		
	M	WHILE NOT WHILE C	Paper Con	ipany P.	H.Gladfel	ter CITY OR TSYN	ing Grove	e, Penns	syTVa-
							7	-	nia
)		, , , , , , , , , , , , , , , , , , ,	e of the remains described ab			ection 🔲 , Inquiry 🖵	J, and in my ap	inian	
		death resulted fram: Natur	al causes , Accident	X, Suicide		Undetermined manni	er L.		
		ACTUAL CONTINUE	In IR DO E		TITLE (SPECIFY		DATE	E 26 0E	-
		SIGNATURE 1	NAME OF TOP		M.D. ASS1S	tant MEDICAL EXAMINI	ER DATE SIGNEI	<u>5-26-85</u>	)
-	5.1	EXAMINER'S NAME MAY	rgarita A. Kor	rell.M.D.	1	11 Penn Stree	et.		
		(TYPE OR PRINT)		NAME OF CEMETERY	ADDRESS	234 LOCATION			
	(5	(CIFY)	A		10 10-	CITY OF OWN	malla 1 COUN	Ty hale ST	Ph
		DIZELA INERAL PIRECTOR	114 KI, 1183 St	JAcobs Stone	250. DA	ATE REC'D. BY REGISTRAR	25b. REGISTRAR'S SI	MATURE	IA

**DHMH - 17** 

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120

(VR A15 ME (5))



FOR STATE REGISTRAR

## DEPA

STATE OF MARYLAND		4	- 10	23	1	
RTMENT OF HEALTH AND MENTAL HYGIENE	3	i	lang	dos	1	
CERTIFICATE OF DEATH	REG. NO.					

1120	13 1 10 110							REG. NO.					
1. DECEASE		FIRST		WIDDLE		LAST		20 DATE OF DEATH MON	TH DAY	YE AR 2	B HOUR		
	CI	LARE	NCE	R.	THOMA	AS		MAY 24,	1985		1:35A		
3 SEX			4. RACE		5. DATE (	OF BIRTH	YEAR	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS		HOURS MIN		
Male			White		2	14	24	61	YRS.				
Ja. BIRTHPL	ACE (STATE OF F	OREIGN	76 CITIZEN OF	WHAT COL	INTRY? 8	D NEVER MARRIED		9 BALTIMORE CITY OR CO	OUNTY OF DEA	TH			
Maryland			USA WIDOWE			4.5		Baltimore City					
10. CITY OF	TOWN OF DEA	TH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION					120 USUAL OCCUPATION			BUSINESS OR		
Balt:	imore			Heacility, Give street address) Hospital Corporation			Truck Driver State of Md.						
			OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)										
Mary.		136 COUN	414	Balt	imore	13d. INSIDE CI	NO 🗆	13e STREET ADDRESS / ZIF 225 N. Rose S		to	Md 21'		
14 FATHER						15 MOTHER'S			JC. Dar	.,	FIG 2.12		
Clare	FIRST		MIDDLE W		Thomas		FIRST	MIDDLE					
	VAS DECEASED EVER IN U.S. A				AL SECURITY NO.	Fer:		ADDRESS	Kelbaugh				
	OR UNKNOWN)	LIF YES, GIV	GIVE WAR OR DATES)										
162		Miles	a&WWII	3/0-	20-4/14	lirvin	J. Tho	mas same as			ATE INTERVAL		
NO L	T 2 OTHER SIGN				NG TO DEATH BUT			200 AUTOPSY? 201 IN	DN GIVEN IN P b. IF YES, WERE CERTIFYING C	FINDING	SS USED OF DEATH?		
I I							YES NO	YES 🗌		NO 🗌			
	ON CONTRIBUTING CAUSE OF DEATH		M. MON	TH DAY YEAR	21c HOW IN	URY OCCUR	RED (ENTER NATURE OF INJURY IN	TEM 18 PART 1 OR P	ART 2}				
			.M. 19 OF INJURY		211 LOCATION								
- VV F1				REET, FACTORY, OFFICE, FARM, ETC ) STREET			CITY OR TOWN	COU	NIY	STATE			
22a.	certify that (1)	(this haspi	tal) ottended th	e deceosed	from MAY	23.	, 19_85		19_8	5, th	at (I) (we) las		
	saw the decease abave, (I) (we) (d			-14	19, o	and that in (my)	(aur) opinion	death occurred an the date of	and hour and fre	om the co	uses stated		
	SIGNATURE	w	Krul	1 N	0		TTENDING PHYSICIAN [	MEDICAL STAFF 1		. DATE SI	IGNED		
22 d.	22d PHYSICIAN NAME (TYPE VEPRINT) CARY KRUH, M.D. 22e ADDRESS CHURCH HOSPITAL							Ĺ .		17.15			
	GAI	I.		• • •		100		ROADWAY, BAI	TIMOR	E,MI	).2123		
23a. BURIA	L, CREMATION,	REMOVAL	236 DATE		23c. NAME OF	CEMETERY OR C	REMATORY	23d. LOCATION CITY OR TOWN	COUNT	Y	STATE		
	ation		5-28-	85	Westvi	ew Mem.	Pk.	Baltimore		rylar	nd		

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physicion and completely should be detached for use as the burial-transit permit. Then please remove corbonpopers. Pages 1 and 2 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the hospital or attending physician

TO HOSPITAL

BP.

injury, ar other traumotic event, the

IMPORTANT: If Hem 21 is marked or Hem 18 shaws any

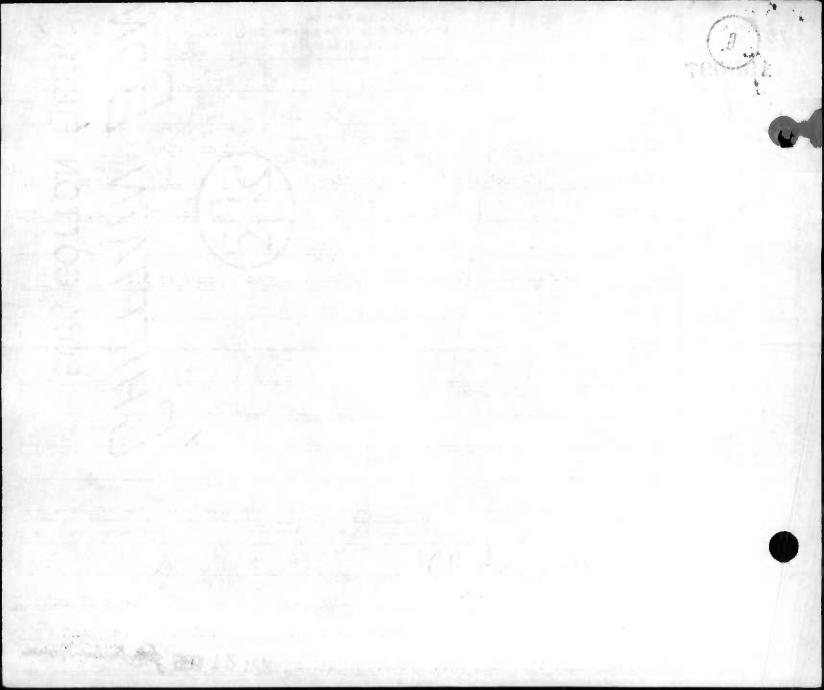
(VRA 15, 4)

24 FUNERAL DIRECTOR Duda-Ruck, Inc.

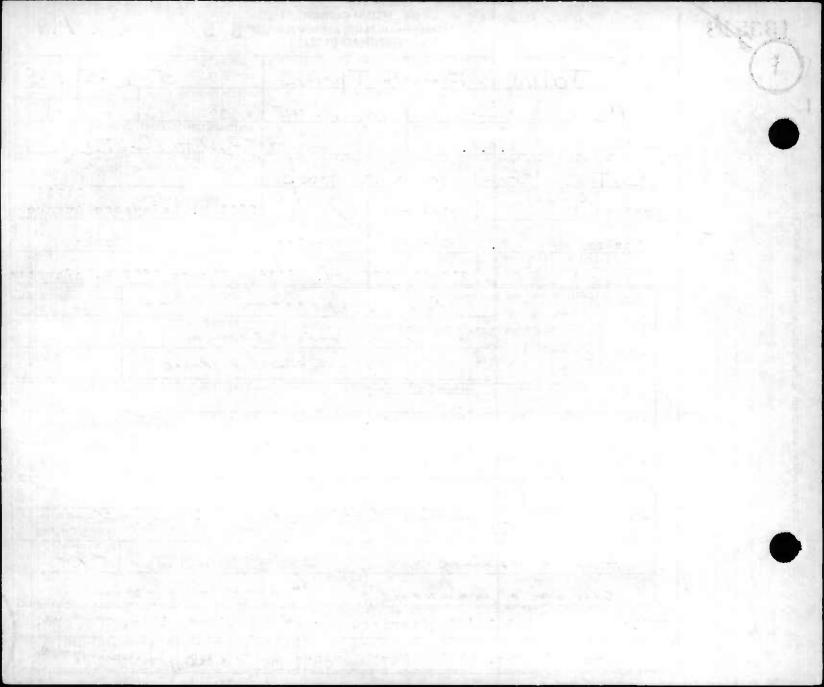
ADDRESS 7922 Wise Ave. Balto., Md 21222

25a. DATE REC'D.

Maryland



0-06			STATE OF MARYLAND								
18	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 1 4 2 / 9  CERTIFICATE OF DEATH  REG. NO.								
	1. DE	CEASED NAME FIRST	MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26, HOUR								
7.5		OR PRINT)	1 1 0 1 1 1 5								
9	0.05		RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS								
	3. SE	ym I	MONTH DAY YEAR MONTHS DAYS HOURS MIN.								
-	1	1,7	5 10-1-45 39 YRS								
531		RTHPLACE (STATE OR FORFIGN 76	6. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH								
3	Ma	ryland	U.S.A. WIDOWED DIVORCED XX SACTO. C. TU MD.								
3711	19. C	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IEMOT IN SUCH FACILITY, GIVE STREET ADDRESS)  (TYPE OF WORK FOR MOST OF WORKING LIFE)  INDUSTRY								
27		CiTU.	BON Secours Hosp								
200	USU.	AL RESIDENCE (IF NURSING HOME OR OT	THER INSTITUTION, GIVE RESIDENCE BFFORE ADMISSION)								
3		STATE UIS COUNTY	Baltimore   13d. INSIDE CITY LIMITS?   13e.STREET ADDRESS / ZIP CODE   2522 W. Lafayette Avenue								
0		aryland	15. MOTHER'S MAIDEN NAME								
2/	14.17	FIRST	IDDLE LAST FIRST MIDDLE LAST								
18/		Wesley	A. Thomas Rosalee Banks								
edico	16a. \	VAS DECEASED EVER IN U.S. ARME VES, NO OR UNKNOWN) (IF YES, GIVE V	MAR OR DAYES								
že /		YES	212-44-9078 Rev. William Thomas 2522 W.Lafayett								
‡		18. CAUSE OF DEATH (Enter only	one couse per line for (a), (b), and (c).  BY:  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  E m book								
ent, t		PART I. DEATH WAS CAUSED IMMEDIATE									
9 6		IMMEDIATE									
o, o		Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF with Cand as								
troi	- 1	gove rise to immediate	10)								
ather		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF A way their is of Block								
please rial, a			(c)								
injury,	7	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11-01								
	2										
has been t permit. I ene prior aws any ii	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY?  200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?								
shows	E		YES   NO   YES   NO								
18 sh	CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2)								
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	H HOUR A.M. MONTH DAY YEAR P.M. 19								
or Hem	MEDICAL	21d. INJURY OCCURRED	71e PLACE OF INJURY 211 LOCATION								
	X.	WHILE [7] NOT WHILE [7]	TAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE								
5		AT WORK AT WORK	4/33 66 5/4 65								
E S		22a I certify that (I) (this haspita	F/I / FF								
7		saw the deceased alive on above, (1) (we) (did) (did not)	view the body offer death.								
Te T		226. SIGNATURE	DEGREE 776 DATE SIGNED								
		Holende h	lat range ATTENDING MEDICAL STAFF PHYSICIAN DEFECTOR PHYSICIAN D								
7		224 PHYSICIAN'S NAME (TYPE OR P									
OR		KOLEND	in Sorpe un ogg In Reson Hoope to								
IMPORTANT	22-		236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION								
		BRITAL	5/10/85 Garrison Forest VA Owlings Mills, County Mdate								
-											
A 4/83		UNERAL DIRECTOR	Inc. 1101 Der North Avenue Way 9 1985								
)	W	m C March F/H	Inc. 1101 North Avenue May 9 1985 , manual Andrew								



W. Clarke Mattingley Leonardtown, Maryland MAY

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83

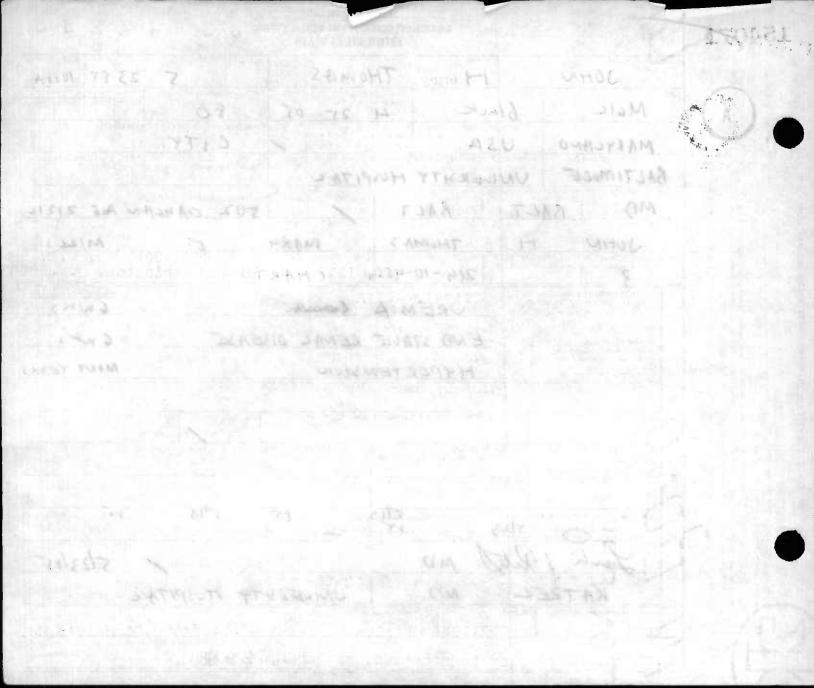
(VRA 15, 4)

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 2n DATE OF DEATH MONTH 2b. HOUR LTYPE OR PRINTS JOHN THOMAS 1018 AM enry 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS A AGE (IN YEARS LAST BIRTHDAY) 9 BALTIMORE CITY OR COUNTY OF DEATH MD. 17h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) 13e STREET ADDRESS / ZIP CODE DAMCHN ALE 21212 MILLS 20th St. N.E William O. Thomas Washington, D.C. 20002 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 6 WKS MANY YEHRS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2 COHNIY STATE CITY OF TOWN 19 83 ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN UNIVERSITY MUSPITA 23¢ NAME OF CEMETERY OF CREMATORY Gardens 23a BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) Leonardtown, St Mary' Burial 27,1985 Charles Memorial

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

· www. Handalle

STATE OF MARYLAND



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

# STATE OF MARYLAND

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BUSTER D. THOMPSON  3. SEX  4. RACE  5. DATE OF BIRTH MONTH DAY YEAR MONTH DAY YEAR ACE  76. BIRTHPLACE ISLATE OR FOREIGN COUNTRY? Florida  10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS)  BALTIMORE  GOODSAMARITIAN HOSPITAL  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS)  MARY 18 1985  12:12 M MAY 18 1985  14. AGE (IN YEARS LAST BIRTHDAY)  FOUNDER 1 YEAR MONTHS DAYS MIN. MONTHS DAYS MIN. MONTHS DAYS MIN.  MONTHS DAYS MIN.  FROM MONTHS DAYS MIN.  BALTIMORE CITY OR COUNTY OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS)  BALTIMORE  GOODSAMARITIAN HOSPITAL  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) (ISE RESIDENCE BEFORE ADDRESS)  MARY 18 1985  FROM MONTHS DAYS MIN.  12 UNDER 1 YEAR  BALTIMORE CITY OR COUNTY OF DEATH  12 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  130. STREET ADDRESS / ZIP CODE  5547 Midwood Avenue 21212  14. FATHER'S NAME FIRST  MIDDLE  LAST  Thompson  Thompson  Thompson  ADDRESS	1		REGISTRAR			CEKIII	ICATE OF	JEATH		REG. NO	).					
BUSTER D, THOMPSON MAY 18 1985 12:12.12 M  THE MARKET STATE OF TORKIN MODILE THE STATE OF THE ST				-	MIDDLE	l	AST		2a. DATE O			DAY	YEAR	2h HOL	JR a	
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The Birthflace is a black 4 4 20 65 ves    The Birthflace is a black 4 4 20 65 ves    The Birthflace is a black 5 ves    The City of Death    The City of Total    The Birthflace is a black 5 ves    The City of Total    The City of Total    The Street marked		3. SEX	(	4. RACE					6. AGE (IN YEARS LAST BIRTHDAY)							
1/2 BIRPHIPLACE   STAIL OFFORCED   1/2 COUNTY OF DEATH   1/2 COU			male	bla	c k				6	5	VDC		DATS	HOURS	MIN.	
Florida   U.S.A.   WDOWED   DMORCED   BALTIMORE CITY   MAD   MORE CONTROL   MOR	*	7a. BIF	RTHPLACE (STATE OR FOREIGN			8.							ATH			
10 CITY OR TOWN OF DEATH	5	l .		U.S	. A .		_		BAL	TIMOR	E C	TTY.			MD.	
USUAL RESIDENCE   # NURSENCHOM GO OF RESIDENCE   10   10   10   10   10   10   10   1		10. CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN		OR OTHER INS	TITUTION	12a USUAL	OCCUPATIO	N			F BUSIN	ESSOR	
Table County	6	В	ALTIMORE	GOOD	SAMARITI	IAN F	IOSPIT	AL								
Maryland   Baltimore   YES   NO	1						A 124 INICIDE (	CZTIAALI VTI	1120 STREET	ADDDESS /	ZID COI	DE				
I. FATHER'S NAME   THOMPSON	H		130 000										2011.0	2.1	212	
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TES NO DE DIMENSIVEN   (#YES ONE WAR OR DATES)   266-16-1846   Nellie Thompson 5547   Midwood Avenue      PART I. DEATH WAS CAUSED BY:   (MARDIATE CAUSE 10)   (MARDIATE CAUSE 1	7									ADDDE	_					
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).   APPROXIMAL ENTERPY (AND ENTERPY LAND DEATH PART I. DEATH WAS CAUSED BY:   ADDE AT I. DEATH WAS CAUSED BY:   AS IMMUNDO										ADDRESS						
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate Rouse in the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  Ib)  DUE TO, OR AS A CONSEQUENCE OF  Ib)  DUE TO, OR AS A CONSEQUENCE OF  Ib)  DUE TO, OR AS A CONSEQUENCE OF  IDUE TO, OR AS A CONSEQUENCE  IDUE TO, OR A			YES		266-16-1846 Nellie Tho					ompson 5547 Midwood Avenue						
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate Rouse (a), stating the underlying cause last  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  CM CONDITION FOR WHICH OPERATION WAS PERFORMED  196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED  216. ACCIDENT WAS UNDERLYING OR COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  CM CONTRIBUTION OR COUNTRIBUTION OR WHICH OPERATION WAS PERFORMED  216. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  216. INJURY OCCURRED (IN THE NOTIFY MEDICAL EXAMINER)  216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  276. I certify the (11) bits hospital) attended the deceased from saw the deceased along on one of the deceased from one of the deceased of the one of the country of the			18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)									BE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
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19a Date of Operation   19b Condition for which operation was performed   20a autops   20b if yes, were findings used in certifying causes of death?   YES   NO     S   NO     YES   NO     YES   NO     YES   NO     YES   NO     YES   NO     YES   NO     YES   NO     YES   NO     YES   NO   YES   NO     YES   NO     YES   NO     YES   NO     YES   NO     YES   NO   YES			(c)													
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P. M. 19  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER  (AT HOME, STREET, FACTORY, OFFICE, FARM, EIC)  27a.1 certify that (I) this hospital) attended the deceased from 19 m., and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (didd did not) view the body after death.  DEGREE  ATTENDING MEDICAL STAFF  PHYSICIAN DIRECTOR PHYSICIAN  27a. TENDING MEDICAL STAFF  PHYSICIAN DIRECTOR PHYSICIAN  27b. STAFF  27c. DATE SIGNED		Z O														
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P.M.   19		G		110110 4		AV VEAD	21c. HOW IN	JURY OCCUR	RED (ENTERN	ATURE OF INJURY	IN ITEM 18	B PART I OR P	ART 2)			
27a.1 certify the (1) this hospital) attended the deceased from	Į	AL		EATH												
27a.1 certify the (1) this hospital) attended the deceased from		100		21e PLACE	OF INJURY											
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PHYSICIAN ADIRECTOR PHYSICIAN S. 12 8																
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	_		274 PHYSICIAN'S NAME (TYPE	OR PRINT)	100000	- 10-		SS A.C.	- CO	CC4 1-	Z-0	152	10	110		
MICHAEL L. FISHER MU VA MIZERO COCH REPUEN BLVD			Michaer	1 =	SHERI	and	V	4 MEL	MACHE	COUT	CT)	CUE	1) 10	3/10	)	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: should be detached for with the State Dept. of MPORTANT: If Item 2

and Mental Hygiene priar to buriol,

lorked or Item 18 shows ony

BURTAL

23h DATE

5/23/85

23a BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION

COUNTY

Garrison Forest

St VA Owings Mills Md

256. DATE REC'D. BY REGISTRAR 254 REGISTRAR'S SIGNATURE

WAY 01 1085 May Davidson Amount

ADDRESS Wm C March F/H Inc. 1101 E North Avenue and an extra

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			,

completely filled in by the funeral director, page 3, ond 2 should be filed within 72 hours after death

FOR STATE REGISTRAR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		REGISTRAR					REG. N	Ο.		
			hy R. Thomps	on '	AST		DATE OF DEATH	MONTH DA	2/85	26 HOUR
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1	3. SE)	(	4. RACE	5 DATE C		EAR 6	AGE (IN YEARS LAST BI		UNDER I YEAR	HOURS MI
		temale	(A) Cauc.	MONIF	9-4 193		52 yrs	1		, and
			76 CITIZEN OF WHAT COUNTRY	? 8			BALTIMORE CITY	R COUNTY O	F DEATH	
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4	10. CI		11. NAME OF HOSPITAL, NURS	ING HOME C	- Committee of the Comm	ION I	20. USUAL OCCUPAT	ION	12b. KIND OF	
-		B 11.	(IF NOT IN SUCH FACILITY, GIVE STREE				Clerk	OF WORKING LIFE)	INDUSTRY	NT - 1.
4	LISUA	AL RESIDENCE (IF NURSING HOME OR	Good Samar		Hospita		CIELK		Md. 1	Nat.
1	13a S	TATE 136 COUN			134. INSIDE CITY LI		3e.STREET ADDRESS	ZIP CODE		
4		d.	Balt	0.	YES NO		2805 Lak	e Ave	nue '	21213
ı	14_FA	THER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MA	IDEN NAMI	WIDDLE		LAST	
20.		Thomas M. Th			Katie	ο М.	Roache			
1		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDR	ESS	21239	9
1	()	res, no or unknown) (IF Yes, GIVE	219-28-	7222	Errolem	T-7-4-	. 1 1540	D		
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1		PART I. DEATH WAS CAUSED		· +	0.0				BETWEEN OF	NSET AND DEA
ł		IMMEDIAT	E CAUSE (0) Keaps	raton	Jailu	ul			+	
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1		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	UENCE OF						
- 1		underlying couse lost	(c) le	ina.	7					
-		PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	HE TERMIN	IAL DISEASE OR CON	DITION GIVEN	IN PART TIO	1
1	CERTIFICATION									
5	A	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORME	D	20s AUTOPSY?		WERE FINDING	
7	TIFIC						YES NOT	YES	ING CAUSES (	NO
1	EX.	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJ.	IRY IN ITEM 18 PAR	T 1 OR PART 2)	
9		OR CONTRIBUTING CAUSE OF DEA								
	OC.	(# EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED	P.M. 21e PLACE OF INJURY	19	21f. LOCATION					
ı	MEDICAL	WHILE NOT WHILE	(AT HOME STREET, FACTORY OFFICE	, FARM ETC )	STREET		CITY OR TO	OWN	COUNTY	STATE
1		AT WORK AT WORK								
ı			tal) attended the deceased from	en	19 ( 19	85	_, 10	22/. 19		hot (I) (we) l
1		saw the deceased alive on, above, (1) (we) (did) (did not		35,0	nd that in (my) (our)	opinion de	oth occurred on the o	ate and hour o	and from the c	ouses stated
-		226 SIGNATURE	1		DEGREE				22c. DATE S	IGNED
١		127	-	A		DING	MEDICAL STA		422/	35
Н		22d PHYSICIAN'S NAME OF DE	( prijest)	`	22e ADDRESS	ICIAI1	DIRECTOR EJ TITIST	CIAIT	I /	
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4		Wali	d JAZIKI,	4. D.	(5000	9 010	anianila	11 1/0	mi/ 62	V
	23a. B	SPECIFY)			EMETERY OR CREM		23d LOCATION		COUNTY	STATE
	Bi	urial	5-25-85 H	oly R	edeemer	Cem.	Balto.			
	24. FU	INERAL DIRECTOR					REC'D. BY REGISTRAF	256 REGISTR	ME'S SIGNIAT	
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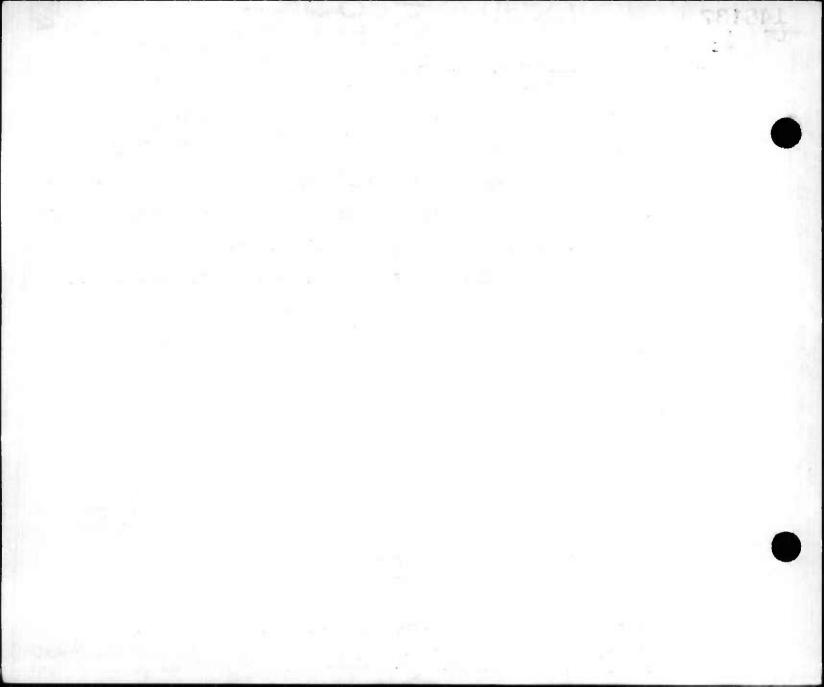
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etained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and ca should be detached for use as the burial-transit permit. Then please remove carban papers. Pages/I with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar removal.



requires that the death certificate be executed within 24 hours after

TO HOSPITAL STATENDING PHYSICIAN: The low retained by the hospital or attending physician.

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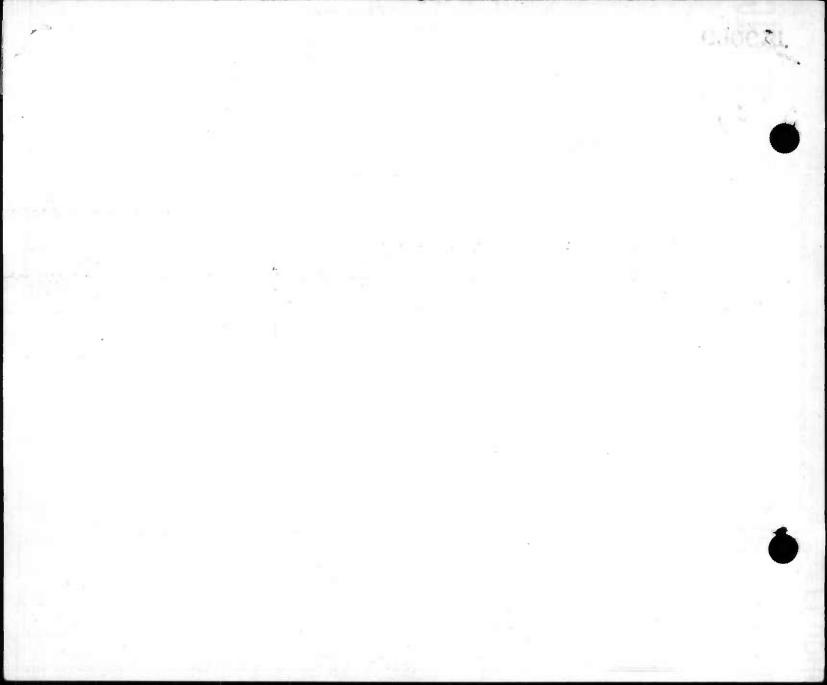
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## FOR - STATE DEP

STATE OF MARYLAND	er de		1.5	11	13	0	
RTMENT OF HEALTH AND MENTAL HYGIENE	8	5	1	-	600	0	
CERTIFICATE OF DEATH		REG. NO.					

						REG. NO	D		
		FIRST	MDDLE	LAST				DAY YEAR	26. HOUR
	N. T.	, , -				5/23/6	55		
3 SE	* F	ľ	RACE	S. DATE OF BIRTH	YEAR	. AGE (IN YEARS LAST BIRTI			
		FOREIGN 7	CITIZEN OF WHAT COUNTR	MARRIED LE NEVER		BALTIMORE CITY O		OF DEATH	2000
10 C	BATT	ATH 1	11. NAME OF HOSPITAL, NUR (IF NOT IN SUPH FACILITY, GIVE STI	SING HOME OR OTHER INST	TITUTION	20 USUAL OCCUPATK TYPE OF WORK FOR MOST OF	ON F WORKING LIFE		OF BUSINESS
USU 130.	AL RESIDENCE (IF NUI	136 COUNT	13c. CITY 99, TO		ITY LIMITS?	5 SPREET ADDRESS	De	Sma	12/A
14.57	ATHER'S NAME	ick	IDDLE LAST		S MAIDEN NAMI FIRST	MIDDLE		L	ST
160 \	WAS DECEASED EVE (YES, NO OF UNFROWN)			CURITY NO 17 INFORMA	A ganh	ADDRE	55 53	3028	Defi
	Canditions, if on	IMMEDIATE	CAUSE (o)	JUCHNANCE ON	MY.	netion			
	gove rise to in cause (a), state underlying cous	mediate ing the	DUE TO, OR AS A CONSEC	DUENCE OF					
TIFICATION	gove rise to in cause (a), state underlying caus	mediate ing the e lost.  BNIFICANT CO	DUE TO, OR AS A CONSECUTION OF THE PROPERTY OF			200 AUTOPSY? YES NO	206. IF YES	EN IN PART I	INGS USED
MEDICAL CERTIFICATION	PART 2 OTHER SIG	INTEGRATED  ATTON  ATTON  ATTON  CAUSE OF DEAT  CALEXAMINER)  RED  ORK	DUE TO, OR AS A CONSECTION  ONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHI  216. TIME OF INJURY HOUR A.M. MONTH P.M.  216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIN	CH OPERATION WAS PERFO  DAY YEAR 19  21f LOCATION STREET	DRMED	200 AUTOPSY?  YES NOD  GENTER NATURE OF INJUR  CITY OR TOW	20b. IF YES IN CERTIF YE	, WERE FIND YING CAUSE S	INGS USED
	gove rise to im cause (a), statunderlying cous  PART 2 OTHER SIG  19a DATE OF OPER/  21a, ACCIDENT WAS UP  OR CONTRIBUTING (IF EITHER, NOTEY MED)  21d, INJURY OCCUI  WHILE ATWORK ATWORK  22a I certify that (1)  sow the decea	Interior to the control of the contr	DUE TO, OR AS A CONSECTION  (c)  DNDITIONS CONTRIBUTING TO  196 CONDITION FOR WHI  216 TIME OF INJURY HOUR A.M. MONTH P.M.  216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIN  (view the body after death.)	CH OPERATION WAS PERFO  DAY YEAR 19 21f LOCATION TO STREET  DEGREE	ON 19 0 ON OUT OF OUT OF OUT OF OUT OF OUT OF OUT OF OUT OF OUT OF OUT OUT OUT OUT OUT OUT OUT OUT OUT OUT	200 AUTOPSY?  YES NOD  O (ENTER NATURE OF INJUR	206. IF YES IN CERTIFY YE YEN ITEM 18. P.	COUNTY	INGS USED S OF DEATH NO IN STATE
	7e B (C)	1. DECEASED NAME (TYPE OR PRINT)  3. SEX  76. BIRTHPLACE _STATE OR COUNTRY)  10 CITY OR TOWN OF DE DEATH OF DEA	10 CITY OR TOWN OF DEATH  USUAL RESIDENCE (IF NURSING HOME OR 136. STATE)  14 FATHER'S NAME FIRST (YES, NO OR UNINOWN)  18 CAUSE OF DEATH IENter only PART 1. DEATH WAS CAUSED IMMEDIATE	1. DECEASED NAME FIRST MIDDLE  (TYPE OR PRINT)  3. SEX  4. RACE  4. RACE  7. BIRTHPLACE ISTATE OR FOREIGN TO COUNTRY)  10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NUR (IF NOT IN SWEM FACILITY, GIVE STR. 136. STATE)  11. NAME OF HOSPITAL, NUR (IF NOT IN SWEM FACILITY, GIVE STR. 136. CITY OF TEX	1. DECEASED NAME FRST MIDDLE LAST  (TYPE OR PRINT)  3. SEX  1. RACE  1. DATE OF BIRTH MONTH MARRIED MEVER WIDOWED  10. CITY OR TOWN OF DEATH MONTH MON	1. DECEASED NAME (TYPE OR PRINT)  3. SEX  4. RACE  5. DATE OF BIRTH MONTH WONTH WONTH WONTH WONTH WIDOWED DIVORCED  10. CITY OR TOWN OF DEATH (IF NOT IN SUMH FACILITY, GIVE STREET ADDRESS)  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADDRESS)  136. STATE 136. COUNTY 137. CITY OR TOWN 136. CITY OR TOWN 137. CITY OR TOWN 138. CITY OR TOWN 138. STATE 139. STATE 139. COUNTY 139. CITY OR TOWN 139. INFORMANT 149. STATE 159. MOTHER'S MAIDEN NAME 159. MOTHER'S MAIDEN 159.	1. DECEASED NAME FRST MIDDLE LAST 26. DATE OF DEATH (TYPE OR PRINT)  3. SEX  4. RACE  5. DATE OF BIRTH MONTH	1. DECEASED NAME FRST MEDIE LAST 20 DATE OF DEATH MONTH TOURS ON TOURS AND THE COUNTRY?  1. BIRTHPLACE STATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY?  1. BIRTHPLACE STATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY?  1. BIRTHPLACE STATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY?  1. BIRTHPLACE STATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY?  1. BIRTHPLACE STATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY?  1. MARRIED NEVER MARRIED TO NEVER MARRIED	1. DECEASED NAME FRST MODILE LAST 20. DATE OF DEATH MONTH DAY YEAR (INFE ON PRINT)  3. SEX 4 RACE 5. DATE OF BIRTH MONTH DAY YEAR MONTH DAY YEAR MONTH DAY YEAR MONTH DAY YEAR MONTH DAY YEAR MONTH DAY YEAR MONTH DAY YEAR MONTHS DAYS YES.  70. BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED DIVOR

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DHMH - 16 50M 4/83

(VRA 15, 4)

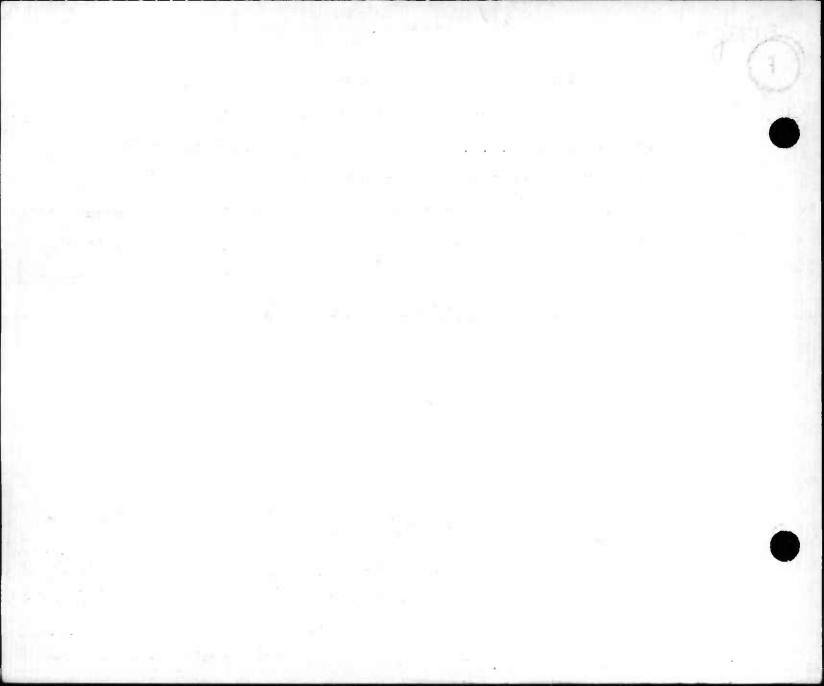
Ĉ	13 T.	35) ) <sub>21</sub>	53
E, MARYLAND 21201	cuted within 24 hours after death. Page 4 m	completely filled in by the funeral director, page (Nond 2 should be filed within 72 hours often de-	of examine range be notified as dage

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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3		REGISTRAR					REG. 1	10.		
(0)		CEASED NAME FIRST	WIDDLE	ı	AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	LITPE	JAMES		THO	MPSON	ļ	MAY 6	1 (	985	
	3. SE)		4. RACE	5. DATE C			6 AGE (IN YEARS LAST E		IF UNDER 1 YEAR	IF UNDER 24 HR
1		male	black	MONTH		YEAR	7.6	VDC	MONTHS DAYS	HOURS MIN
101	Zn Bl	RTHPLACE   STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTS	RY? 8			9 BALTIMORE CITY	YRS OR COUN		
200	(	OUNTRY)		MARRIE	D NEVER MARK			_		
to		orth Carolina	U.S.A.	WIDOWE			BALTIMOI			OF BUSINESS O
NE NE	10. C1	IT OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STE	REET ADDRESS)		1014	[TYPE OF WORK FOR MOST			71 803114233 (
2/		BALTIMORE	2601 MADISO		NUE					
201		AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN			13d. INSIDE CITY L	IMITS?	13e.STREET ADDRESS	/ ZIP CO	DDE	
30	Ma	aryland_	Balti	imore_	YES 📉 NO		2601 Mag	lisor	n Avenu	e 212
200	14 FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MA	IDEN NAM			IA.	
950	V	Walter	Thomps	s o n	Emma	a	MIDDLE		Lasit	
0 /		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SI		17 INFORMANT	4	ADD	₹ESS	Busic	CI
medicol	1.	res, no or unknown) (if yes, giv	VE WAR OR DATES)		Manaka	W = C	710 1	2 4=	/ 2 1 C	
0	H '				Martha	MCC	3y /10 I	ast	43rd S	MATE INTERVAL ONSET AND DEATH
t, #		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b),	, and	- 60	-1 -			BETWEEN	ONSET AND DEATH
ě >			TE CAUSE (a)	1341105	CLOKE	251				
0		IMMEDIA	15							
not			DUE TO, OR AS A CONSE	OUENCE OF						
200		Conditions, if ony, which	(b)							
‡		gove rise to immediate	)							
		couse (a), stating the	DUE TO, OR AS A CONSE	QUENCE OF						
÷	l	underlying couse lost								
ò		District of the second of the	(3)	* O DE 4 * I I DI I T	NOT BELLIED TO	T. I.F. T.F. D. I.I.	NAME DISCOURTS OF CO.	IDITIONI	COVENI DA DE LA	
ury.	z	PART 2. OTHER SIGNIFICANT (	A CONTRIBUTING	10 DEATH BUT	NOT RELATED TO	IDE IEKMI	nal disease or co	ADITION (	SIVEIN IN PART II	0
Ē	CERTIFICATION	Chrocar	OF MOST	114			The second	100 US	156 14505 5040	1001100
6/	5	190 DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATIO	N WAS PERFORME	D	200 AUTOPSY?		YES, WERE FINDI	
3	ΙE		l				YES NOT		YES 🗍	NO 🗍
in the second	3	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY	OCCURR	ED (ENTER NATURE OF IN	URY IN ITEM !	18 PART I OR PART ?)	
1 18		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR						
# /	ō	(IF EITHER NOTIFY MEDICAL EXAMINER		19						
s marked or Item 18 showpany	MEDICAL	21d INJURY OCCURRED	(AT HOME STREET, FACTORY, OFFI	ICE, FARM ETC )	211 LOCATION STREET		CITY OR	OWN	COUNTY	STATE
-F	\ <sup>*</sup>	AT WORK NOT WHILE				- 10			-	
E		22a   certify that (I) (the	and) attended the deceased fro	omm		974		9 L	19 🔀 💆	that (I) (I) lo
21 is		sow the deceased alive an	NA MY		sel that in (mid) (our	) opinion d	leath occurred on the	date and h	nous and from the	couses stated
2	1	obove, (I) (and (did) (did no	divige the body after debth.	-03						
If Item		22b. SIGNATURE	/ /	_	DEGREE				77r. DATE	SIGNED A
-		than a	Sunst	- //	ATTEN	NDING L	MEDICAL ST	AFF ICIAN 🗆	5	1918
Z-/		224. PHYSIC AN'S NAME TYPE	OR PRINT)	11	We ADDRESS		, sinceron Little		0	111.
IMPORTANT: IF		610.1	C1.01.11	- h11	) / 2 -	R. L	WHI I	20	Buch	11/2/
MPORTANT		1000	SUNSHINE	= 1001	16010	1	-14010	ve 1	1209	Nade
< 1	23a. E	BURIAL, CREMATION, REMOVAL	. 23b. DATE 2	23 NAME OF C	EMETERY OR CREA	AATORY	23d. LOCATION	1	COUNTY	STATE
		BURIAL	5/13/85	Church	Cemeter	rv	Wake Fo	rest		N.C.
_	_	JNERAL DIRECTOR					REC'D. BY REGISTRA			
4/83		NAME	ADDRE			I MA			inavidson-	
	W	m C MArch F/H	H Inc. 1101 J	E Nort	h Avenu	e	0 1000	1/		1 10



## STATE OF MARYLAND

	1	TATE		DEPART	MENT OF HEALT	H AND MENT	AL HYGIEN	IE 15	4	2 8	2
3	-	REGISTRAR		MEDICAL	<b>EXAMINER'S</b>	CERTIFICAT	TE OF DEA	ATH RE	G. NO.		S rest
		EASED NAME	FIRST	MIDDLE		LAST		20. DATE KNOW OF ESTI-	N MONTH	DAY YEAR	26 HOUR
			Joseph	E.		Thompson.	· Sn.	DEATH MATE	5/	1/ 1985	N
	3. SEX	4 RA	CE 5 DA	ATE OF BIRTH	6. AGE (IN YEARS IF L	JNDER 1 YR. IF U	NDER 24 HRS.	2c. DATE PRONOUNCED	MONTH	DAY YEAR	24 HO46
	Mo	de Whi	te De		71 YRS.	NINS DATS HOL	OKS MIN	DEAD	5/	1/ 19 85	
1		THPLACE (STATE OF		ITIZEN OF WHAT COU	MAR	RIED NEVER	MARRIED [	9. BALTIMORE C	ITY OR COUNT	Y OF DEATH	
2		Maryland		nited State			IVORCED [	Baltimo		,	MD
2	M CI		0	F NOT IN SUCH FACILITY, GIVE	IRSING HOME, OR O	THER INSTITUTION		UAL OCCUPATION MOST OF WORKING LIFE		OR INDUST	
4	Lines I.	Baltimo		University R INSTITUTION, GIVE RESIDENCE		hock Tra	uma (an	-inspect	20 9	Rail-roa	id
5	13a S7		131 COUNTY	113c. CIT	y OR TOWN sadena	13d. INSIDE CITY LIA	MITS THE STR	SET ADDRESS	t Dr. C	21122)	- 1
1	14. FA	THER'S NAME	MIOC	DLE	LAST	15. MOTHER'S /	MAIDEN NAME	WIDDLE		LAST	
1		John	***	Thomp		Mary	u	me	Blar	nchand	
2	16a. W	AŠ DECEASED EVE S, NO, OR UNKNOWN)	R IN U.S. ARMED F	DATES	CIAL SECURITY NO.	II. INFORMAN	1		RESS		,
1		110		214	-20-9892	Joseph	E. Thom	pson, Inol	240 L	ill (t.	21122
		18 CAUSE OF DEA	ATH (Enter anly one WAS CAUSED BY:	cause per line far (o), (b					17	APPROXIMATE BETWEEN ONSE	T AND DEATH
			IMMEDIATE CAL	002 (0)	shot Wound	Head			- 5.17		
		Conditions, if	ony, which	DUE TO, OR AS A COI	NSEQUENCE OF						
		gove rise to cause (a) statir	immediate /	(b) DUE TO, OR AS A COI	ICE OUT NOT OF						
		lying cause las		(c)	NSEQUENCE OF						
4	z	PART 2 OTNER SIGNIFICA	NT CONDITIONS CONTRI	DUTING TO DEATH BUT NOT REL	ATEO TO THE TERMINAL OISE	ASE OR CONDITION GIVE	N IN PART 1 (g)			11-11-11	
1	CERTIFICATION	190 DATE OF OPER	RATION	196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED	)?			*HEAD'S	SATE V
	IFIC									YES 🔀	NO []
5	CERT	21a EXTERNAL CA		2Th TIME OF INJURY	2Τε.	HOW INJURY OCC	CURRED (ENTER	NATURE OF INJURY IN IT	EM 18 PART 1 OR PAI		,,,,
2	TV	UNDERLYING X	OR CAUSE OF DEATH	13.35p.m. 5/		elft inf	licted	wound			
	MEDICAL	2Td INJURY OCCU		21e. PLACE OF INJURY STREET, FACTORY, FARM, I	(AT HOME, 21f. L	OCATION STREET		CITY OR TOWN			STATE
	Σ	AT WORK AT	T WHILE X	bedroom		388 Fores	st Dr.			UNTY	STATE
		22s. Legitify tho	t I toak charge of th	ne remains descHEAD		[7]	pection .	Inquiry .	ond in my op	vinion.	
		death resulted fro				Homicide		termined manner			
		ACTUAL	3	12		TITLE (SPECI	,	ICAL EXAMINER	DATE	5/2/8	35
7		SIGNATURE		-		M.D. ASSIST	MED MED	ICAL EXAMINER	SIGNE	D	, ,
+	er.	EXAMINER'S NAMI	Gregory	R. Kauffma	n. M.D.	_ADDRESS	lll Pen	n St.			
	23a. Bl	RIAL, CREMATION,			NAME OF CEMETERY	OR CREMATORY	23d. LC	CATION			

07/84 25M

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE

**DHMH - 17** 

BP

(VR A15 ME (5))

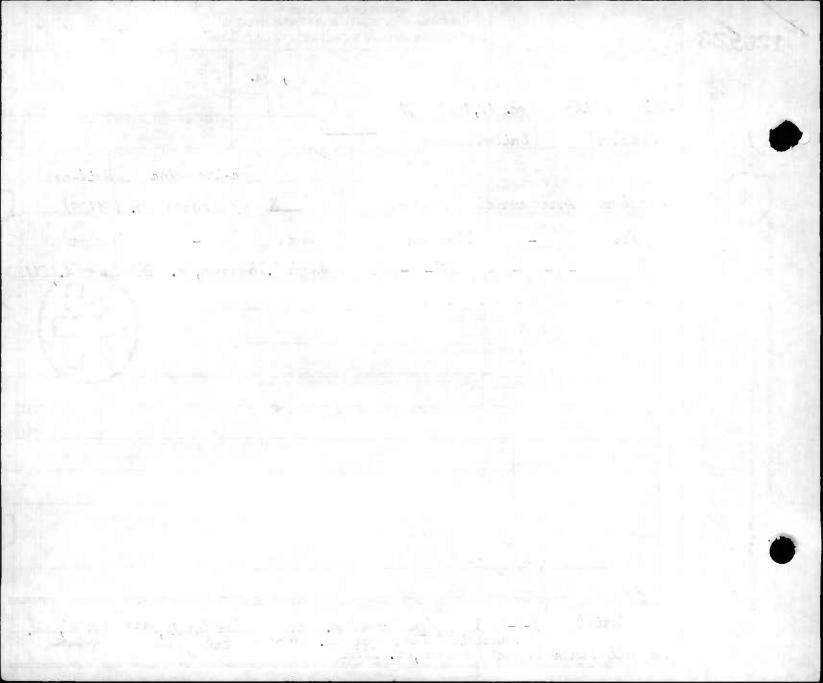
230 BURIAL, CREMATION, REMOVAL 236 DATE Burial

24. FUNERAL DIRECTOR

Penn St 236. LOCATION

Glen Byn. Anne Arundol ally Funeral Home Pasadena, Md. Neck Rds. 21122

TE REGISTRAR'S SIGNATURE

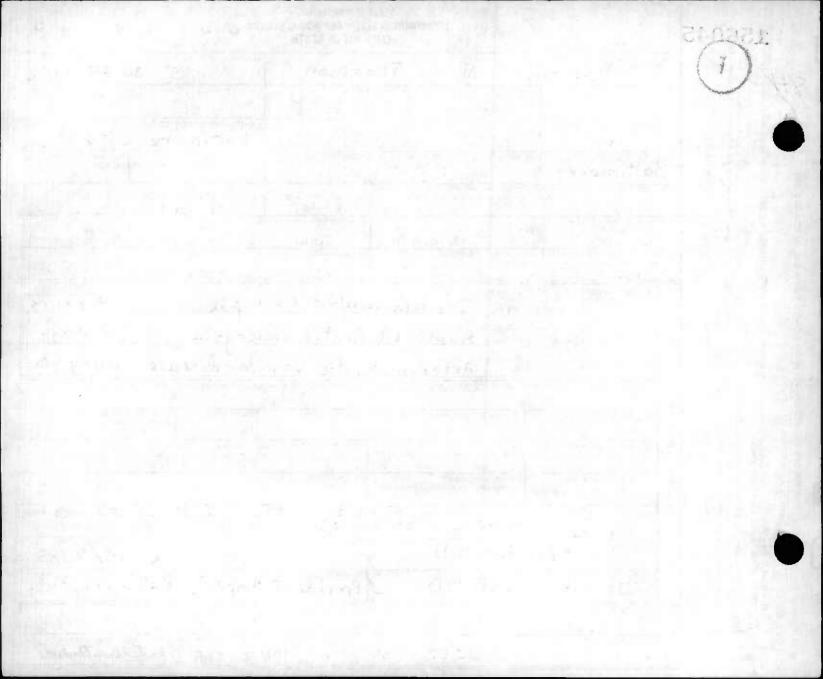


STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8
CEDTIFICATE OF DEATH	-

8

	DEC	REGISTRAR EASED NAME FIRST	WIDDLE		ICATE OF DEATH	REG. NO.	DAY YEAR (2b, HOUR
		DRPRINT) William		The	ompson	5	30 85 1:48
2	SEX		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYFAR IF UNDER 2
L		Male	В	5 MONTH		75 <sub>YR</sub>	
570		THPLACE (STATE OR FOREIGN DUNTRY) MD	16. CITIZEN OF WHAT COUNTRY  USA	MARRIEI WIDOWE	D X NEVER MARRIED U	Batimore city or coun	1 1
10	10	vorjownofdeath	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE PROVIDE	ING HOME C	DR OTHER INSTITUTION	12a USUAŁ OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINES
5 13	SUA la. Si	L RESIDENCE (IF NURSING HOME OF ATE 13b. COU	R OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)	13d. INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS / ZIP CO	obe ish Ave. 21
14.	FA'	HER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM		LAST
		Edward	Thomp		Emma	Melburn	Thompson
160		AS DECEASED EVER IN U.S. AI S, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SERVE WAR OR DATES)  212-05		Carleane	Thompson 23	21 Braddish
		PART I. DEATH WAS CAUS	nly one couse per line far (a), (b),		1	Napse	APPROXIMATE INTERV BFTWEEN ONSET AND D
		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEC	UENCE OF	Aortic an		2 days
		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	DUENCE OF	erotic vasc	war disease	many ye
2	25	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	
2 STEICATION	INCALION	PART 2 OTHER SIGNIFICANT  90 DATE OF OPERATION	CONDITIONS CONTRIBUTING TO			INAL DISEASE OR CONDITION  200 AUTOPSY? 20b IF	GIVEN IN PART TO
Z VI CEBTIESCATION			19b. CONDITION FOR WHICE  21b. TIME OF INJURY HOUR A.M. MONTH	CH OPERATIO	n was performed	200 AUTOPSY? 20b. IF	GIVEN IN PART To YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO
A CENTER ATION		90. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE	19b. CONDITION FOR WHICE  21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	n was performed	20a AUTOPSY? 20b. IF IN CER	GIVEN IN PART TO  YES, WERE FINDINGS USED  RTHYING CAUSES OF DEATH  YES NO 1  18 PART T OR PART 2)
	MEDICAL	90. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALUSE OF DE LIFE ETHER, NOTIFY MEDICAL EXAMINE 2104. IN JURY OCCURRED  WHILE AL WORK ALWORK  270 L certify thos (1) (this hosp	216. TIME OF INJURY HOUR A.M. MONTH P.M. 216. PLACE OF INJURY	DAY YEAR  19 E, FARM, ETC.)	N WAS PERFORMED  216 HOW INJURY OCCURS 216 LOCATION STREET	200 AUTOPSY? 206. IF IN CENTER NATURE OF INJURY IN ITEM	YES, WERE FINDINGS USED TRIFYING CAUSES OF DEATH YES NO 1 18 PART 1 OR PART 2)  COUNTY ST.
	MEDICAL	90 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMINE 210. INJURY OCCURRED  WHILE NOT WHILE AT WORK 220 I certify that (1) (this hasp sow the deceased alive or obove, (1) (we) (did in)	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC (Ital) ottended the deceased from 5 30 DI) view the body ofter death.	DAY YEAR 19 E. FARM ETC.)	N WAS PERFORMED  216 HOW INJURY OCCURS 216 LOCATION STREET	200 AUTOPSY? 206. IF IN CER  YES NO CITY OR TOWN  CITY OR TOWN  COUNTY OF TOWN  MEDICAL STAFF	YES, WERE FINDINGS USED TRIFYING CAUSES OF DEATH YES NO 1 18 PART 1 OR PART 2)  COUNTY ST.
	MEDICAL	90 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER, NOTIFY MEDICAL EXAMINE 210. INJURY OCCURRED WHILE NOT WHILE AT WORK 270 Leertify that that this hasp saw the deceased olive or obove, we will did this hasp	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC (Ital) ottended the deceased from 5 30 DI) view the body ofter death.	DAY YEAR 19 E. FARM ETC.)	216 HOW INJURY OCCURE 216 LOCATION STREET  217 LOCATION STREET  DEGREE  ATTENDING	206 AUTOPSY? 206 IN CER YES NO CITY OR TOWN  CITY OR TOWN  CITY OR TOWN  MEDICAL STAFF DIRECTOR PHYSICIAN	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO 1 18 PART I OR PART 2)  COUNTY STA

DHMH - 16 50M 4/83 (VRA 15, 4)



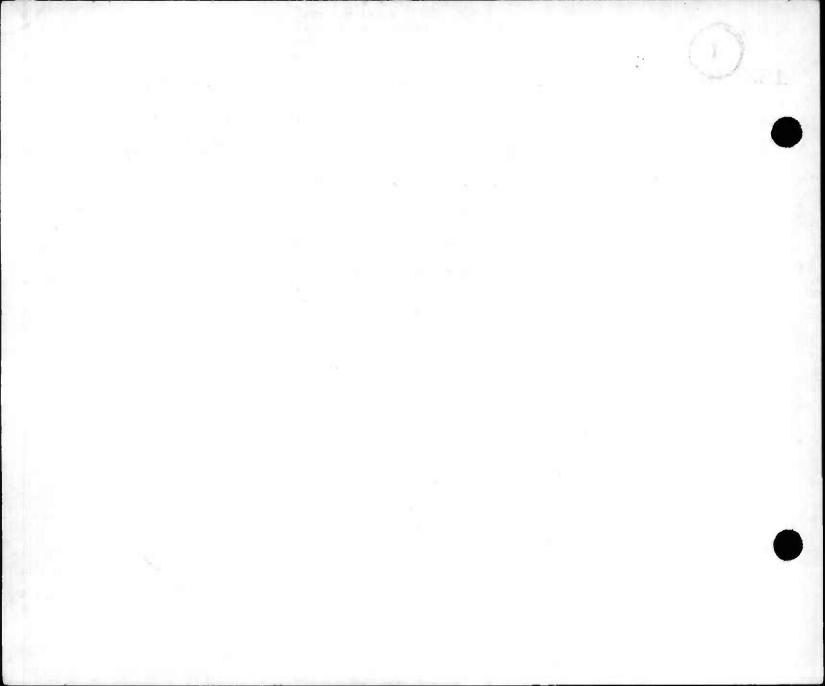
MPORTANT: If Item 21 is marked at Item 18 shaws any injury, at other traumatic event, the medical

1	-	FOR STATE REGIS	TRAR
D	F.C	FASED	NAM

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

1	REGISTRAR		CERTIF	ICAIL OI D	LATIT	REG. NO	٥.		
	PECEASED NAME FIRST	MIDDLE	t.	AST		2a. DATE OF DEATH	HINOM	DAY YEAR	26. HOUR
	VIOLI	er P.	THORN	E		MAY	30.	1985	
3. SI		4. RACE	5. DATE O	F BIRTH		6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	FeMale	Black	MONTH 5	DAY	YEAR	74	YRS.	MONTHS DATS	HOURS MIN.
7a E	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8.	D NEVER M	ADDIED [	9 BALTIMORE CITY O		OF DEATH	
3	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	USA	WIDOWE		ORCED	BALTIMO	DE C	rmv	M
10. 0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		R OTHER INST	TUTION	120 USUAL OCCUPATION	NC	126. KIND O	F BUSINESS OF
В	BALTIMORE		PRESTON	STREE	T I	(TYPE OF WORK FOR MOST OF	WORKING LIF	E) INDUSTRY	
USU 130	UAL RESIDENCE (IF NURSING HOME OF STATE 13b. COUR	OTHER INSTITUTION, GIVE RESIDER		13d INSIDE CI		12 STREET ADDRESS /	7IP.CODE		
M	MARYLAND	And the Control of th	TIMORE		NO 🗌	2433 E. Pr	eston	St. 21	.213
14. F	FATHER'S NAME	MIDDIE	LAST		MAIDEN NAM	MIDDLE		LAS	
0	Lukë	**Summer	S	M	andy	Model		LAS	
	WAS DECEASED EVER IN U.S. AR		IAL SECURITY NO.	17 INFORMAL		ADDRE			
	(YES, MORUNKNOWN) (IF YES, GI	215-	28-9479	Margar	et Spid	cer 1712 La	kesid	e Ave.	
	18 CAUSE OF DEATH (Enter or	ily ane cause per line far ig	i, (b), and ic	/ V ·	(0	( ) /		APPROXI BETWEEN (	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSE		roland	arc	a	0) 4601	ALA	1	
ì	IMMEDIA	TE CAUSE (a)		- W					
1	Conditions if any which	DUE TO, OR AS A CO	INSEQUENCE OF	Terrange Park					
1	Conditions, if any, which gave rise to immediate	(b)						_	
-	cause (a), stating the underlying cause last	DUE TO, OR AS A CO	INSEQUENCE OF	~					
1	DARTO OTHER CICANESCONIE	(c)							
Ϊź	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTI	ING TO DEATH BUT	NOT RELATED	IO THE TERMI	NAL DISEASE OR CONL	JIIION GIV	EN IN PART IT	3
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFOR	MED	20a AUTOPSY?	20b. IF YES	, WERE FINDIN	VGS USED
기일	_		-			YES NOT	IN CERTIF	YING CAUSES	
1 2	21g. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY		21c HOW IN	URY OCCURR	ED (ENTER NATURE OF INJUR			140
	OR CONTRIBUTING CAUSE OF DE							-	
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED	P.M.	19_	211 LOCATIO	Ñ				
ME		(AT HOME STREET, FACTOR)		STREET		CITY OF TOV	W	COUNTY	STATE
1	WHILE NOT WHILE AT WORK		1.6	<u> </u>					
	22a 1 certify that (1) (this haspi sow the deceased alive an	A . A . 2			, 19	, ta eath accurred an the do		19,	that (I) (we) las
	abave, (I) (we) (d d) shid ne	I view the body after deat	FI.		our, opinion d	eam accorred an me do	1001		
	CON SIGNATURE	6.28 NW	3 1	DEGREE	TENDING	MEDICAL STAF	F . /	22c. DATE	SIGNED
4	1	afin		P	HYSICIAN [	DIRECTOR PHYSIC	IAN D		
	226 PHYSICIAN'S NAME ITYPE OF	2 (Ari	dr. Co)	22e ADDRESS	3 600	. Eagle SI	4. B	alp-1	Me 21
23a.	BURIAL, CREMATION, REMOVAL (SPECIFY Burial	23b. DATE 6/4/85	Mt. Cal	emetery or c	REMATORY	23d. LOCATION Anne Tabu		്സ്.	MDIATE
	FUNERAL DIRECTOR				250 DATE	REC'D. BY REGISTRAR	256 REGIST	RAR'S SIGNAT	URE
W	m C March F/H	Inc. 1101	E North	n Aven	ue MAY	3 1 1985	بلائب بياب	Target and A	
						1.0			

DHMH - 16 50M 4/83 (VRA 15, 4)



157063	1-	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE & S	1 4 2 8 8
offer confi		CEASED NAME OR PRINT)  CA , M	4 RACE	S. DATE OF BIRTH  MONTH DAY YEAR		MONTH DAY YEAR 28. HOUR 6:07 PM
s ofter death. Page 4 y the funeral director led within 72 hours of		RTHPLACE (STATE OR FOREIGN OUNIER) WHICH KINDWH TY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY?  USA  11. NAME OF HOSPITAL, NURSIN  (1F NOT BY SUCH FACILITY, GIVE STREET	B MARRIED NEVER MARRIED WIDOWED DIVORCED GHOME OR OTHER INSTITUTION	9 BALTIMORE CITY C	
within 24 hour bletely filled in that ad 2 should be fi	13a S	IL RESIDENCE IN NURSING HOME OR TATE 136. COUNTY	ITY ISC SITY OR TOW	DMISSION)  134. INSIDE CITY LIMITS?  YES NO    15. MOTHER'S MAIDEN NA	80100	J. Balland
be execute on and co		Intraun	e war or dates) 242 - 09	RITY NO. 17. INFORMANT - 7946 Mr. Willia	m Ford 1	Brooklyn, N.Y. 80 Lenox Rd.  APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH
that the death certifical by the attending physicals remove carbon popical, cremotion, or remove an orther traumotic event,		PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if only, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	ince of 191 Intarc,	hon	
n. n. se low requence of the second of the s	CERTIFICATION	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	7 16. TIME OF INJURY	OPERATION WAS PERFORMED  21c. HOW INJURY OCCURI	20a AUTOPSY?  YES NO RED (ENTER NATURE OF INJU	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO RY INTERNIB PART TORPART 2)
G PHYSICIA of this certification of the buriol-to ond Mental	MEDICAL	OR CONTRIBUTING CAUSE OF DEA  (IF ETHER, NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	P.M.  21e. PLACE OF INJURY (ATHOME STREET, FACTORY OFFICE, F.	211. LOCATION	CITY OR TO	WN COUNTY STATE
AL OR ATTEN the hospital AL DIRECTOR: detached for us ore Dept. of Hem 21 is		sow the deceased alive on	Wiew the Body after death.	DEGREE ATTENDING	death occurred on the di	
O HOSPIT TO FUNER Should be with the Str		2000	ER	Universi	to 1651	1/4/

BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) Remova]

24 FUNERAL DIRECTOR

NAME

23d. LOCATION

CITY OR TOWN

COUNTY

STATE

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Anatomy Board

5/24/85

ADDRESS

Balto.

13 - 10 10 - 12 Bellowic Conversely they are seen placed a Ballone - X was 18 10 10 11 Hayon E St That Little a Black Comment of the Physics est Testingham

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	(46)
	1.

FOR DEPARTME

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		. 270 a	1276	
5	4	2	Ö	1
DEC NO				

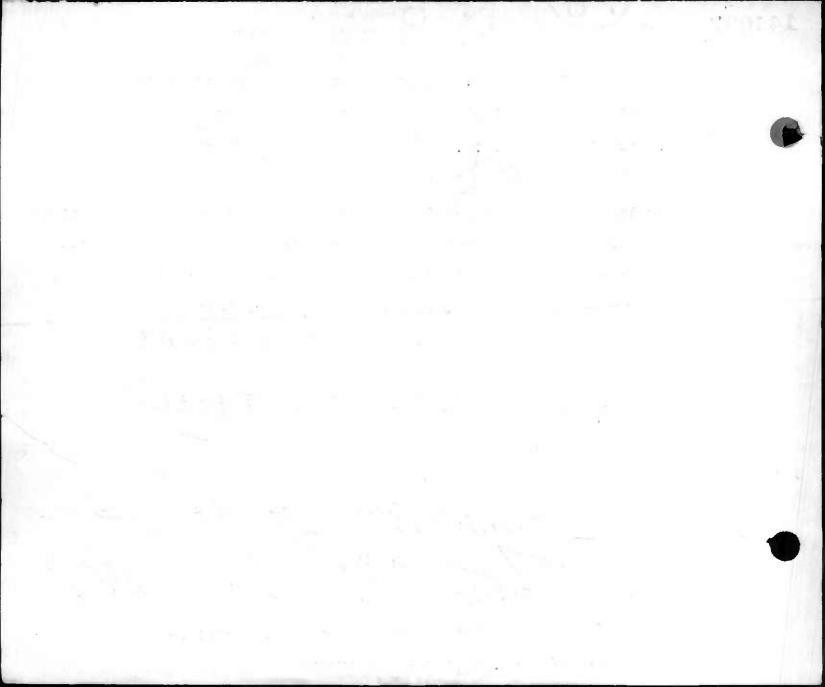
	REGISTRAR						REG.				
1	1. DECEASED NAME (TYPE OR PRINT)	FIRST	MIDDLE	4/	AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOU	R
ı	(TIPE ON PRINT)	GAITHER	L.	THOF	RNTON		MAY 19	. 198	5		,
ı	3. SEX	4 RA		5. DATÉ O	OF BIRTH		6. AGE (IN YEARS LAST		IF UNDER I YEAR	IF UNDER	
1	Male		Black	MONTH 9	2 O	0 3	81	YRS	MONTHS DAYS	HOUR5	MIN.
ŀ	To BIRTHPLACE (STATE O	OR FOREIGN 7b. CI	TIZEN OF WHAT COUN	VTRY? 8	D NEVER M		9. BALTIMORE CITY		TY OF DEATH		
	N. Caroli	n a	U.S.A.	WIDOWE	_	ORCED	BALTIM	ORE C	TTV		м
1	IO CITY OR TOWN OF D	DEATH 11. N	NAME OF HOSPITAL, N	IURSING HOME C			12a USUAL OCCUP	NOITA	126 KIND O	F BUSINE	
	BALTIMOR		F NOT IN SUCH FACILITY, GIVE 402 DuPon	esireet address) it Aveni	1.0		{TYPE OF WORK FOR MO	T OF WORKING	LIFE) INDUSTRY		
9	USUAL RESIDENCE (IF NO 130, STATE	URSING HOME OR OTHER	INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)					-		
5	Maryland	13b. COUNTY	13c CITY OF	imore	13d. INSIDE CI YES 🔀	TY LIMITS?	3402 Dul		⊳ Avenue_	212	1 5
+	14. FATHER'S NAME					MAIDEN NAM	NE .				1.2
0	James	MIDDLE	Thornto			thia	WIDDLE		Will:		
7	16a WAS DECEASED EVI	ER IN U.S. ARMED F		L SECURITY NO.	17. INFORMAT		ADI	ORESS	WILL	Lams	
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ŀ		ATILIS			Maly	INOII	1011 340	Dur	APPROXI	MATÉ INTER ONSET AND	VAL
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- 1		IMMEDIATE CAL	JSE (a)	13/14		1 (1)	11-04-1				
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- 1	Canditions, if or		(p)	10-11	0 11 1			114/	7		
	cause (a), sta	ating the	DUE TO, OR AS A CONS	SEQUENCE OF				,			
- 1	underlying cau	use last	(c)								
-		IGNIFICANT COND	ITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR CO	ONDITION G	IVEN IN PART 1	a	
	NO DATE OF OPER	CUB!	MZ AL	CER	ON	LE	- 1 HE	t-	1		
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DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physics should be detached for use as the burial-tronsit permit. Then please remore carban page with the State Dept. of Health and Mental Hygiene prior to burial, cremation.

retained by the hospital or ottending physicion.



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166 WAS DECEASED EVER IN U.S. ARMED FORCES?   166 SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS   166 WAS DECEASED EVER IN U.S. ARMED FORCES?   166 SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS   220-30-7278   Bessie Snipes   413 Normandy Avenue   Application of the part of the p	npletely ond 2 sh		THER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S	FIRST			nes	LAST	
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BP BURIAI 6/3/85 Arbutus Memorial Pk. Arbutus.								WN	COUNT	ΤY	Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

William C March Funeral Home, 1101 E North Ave

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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FOR - STATE REGISTRAR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. N	10.			
DATE OF DEATH	MONTH	28-	YEAR 85	26 HOUR

1. DECEASED NAME FIRST	MIDDLE	LAST		2a. DATE OF DEATH	MONTH D	AY YEAR	2b HOUR
(TYPE OR PRINT) ARTH	UR LEE	TI	LMAS		5-2	8-85	65PM
3. SEX	RACE	5. DATE OF B		6. AGE (IN YEARS LAST BIRT	110/11/	IF UNDER 1 YEAR	IF UNDER 24 HRS
m	B	MONTH	DAY YEAR	1 11.		ONTHS DAYS	HOURS MIN.
70 BIRTHPLACE (STATE OR FOREIGN )	Th CITIZEN OF WHAT COUNTY	12	3	9. BALTIMORE CITY O	YRS.	OF DEATH	
COUNTRY)	E. CHIZEINOF WHAT COURT	MARRIED	NEVER MARRIED	0 0		_	
VIRCOSIA	AZU	WIDOWED				M	MD.
10. CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE ST		THER INSTITUTION	12a. USUAL OCCUPATH (TYPE OF WORK FOR MOST O			F BUSINESS OR
BALTO	MF L CHEO		SPIDAL	wys ans	COTON	_	P
USUAL RESIDENCE (IF NURSING HOME OR C			I. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	7IP CODE		
MA I	BALT		ES NO			LAIS IT	21213
14 FATHER'S NAME	1_000		MOTHER'S MAIDEN NA		-1-6	4136 31	
	W. T.II	100	EIRST	MIDDLE		LAS	T
STEWAR	116	JU 47	INFORMANT	ADDRE	c c	1,11	man
60 WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)			TTTNANT			Apt.131
NO-	_ 218-0	1-159	CHAIL	200	) Ode	ell Av	
18. CAUSE OF DEATH (Enter only	y one cause per line far (a), (b)	, and (c).)				SETWEEN O	MATE INTERVAL ONSET AND DEATH
PART I. DEATH WAS CAUSED	ECAUSE (a) PLOBE	28/8 5	21293			3	2000
WWEDIATE	Chook (a)						
Condition to a hit	DUE TO, OR AS A CONSE	SUENCE OF	3 00 00 31 A				h ~ -
Canditions, if any, which gave rise to immediate			311000117				-11-1
cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE			c			
	72 263 (5)			CIA			(CC
PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT NO	T RELATED TO THE TER	MINAL DISEASE OR CONI	)(TION GIVE	EN IN PART I	o ·
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E				YES NO		S [-	NO 🗆
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		It HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI	Y IN ITEM 18 PA	ART 1 OR PART 2)	
OR COMPRING CAUSE OF DEAL							
(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	IL LOCATION				
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AT WORK AI WORK						6.5	
220.1 certify that (IK this haspit							that ((we) fast
saw the deceased olive on above. (D)(we) (did) (did na	View the body related death.	9 ST, and t	hat in (my) (aur) apiniai	n death occurred on the de	ite and haur	and Iram the	causes stated
226. SIGNATURE	1	DEC	GREE			22c. DATE	SIGNED
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DHMH - 16 50M 4/83 (VRA 15, 4)

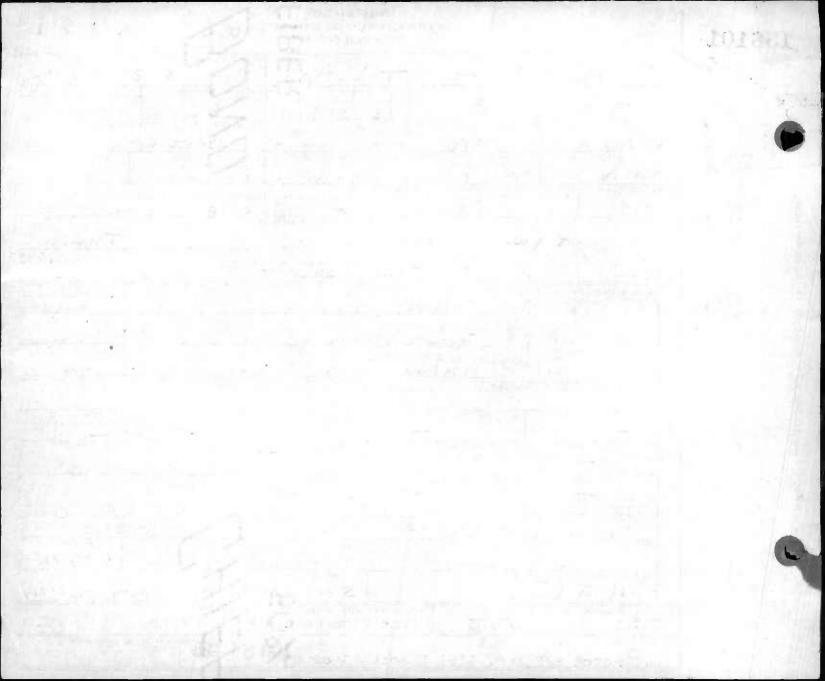
230 BURIAL, CREMATION, REMOVAL BÜRÜAL

6/3/85

Mount Zion Cemetery Lansdowne,

Mante

Wm C March F/H Inc. 1101 E North Avenue 24 FUNERAL DIRECTOR



1 -	FOR STATE REGISTRAR
	REGISTRAR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1 DEC					CATE OF DEATH	REG.	NO			
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3 SE)		4 RACE		5. DATE O	F BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY)	IF UND	ERIYEAR	IF UNDER 24 HI
	MAle	L	vhite	Dec	. 20. 1933	51	YRS	MONTHS	DAYS	HOURS M
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id.	Baltimore	11. NAME OF	HOSPITAL, NURSIN	ADDRESSIDAL	to.id.	120 USUAL OCCUPA (TYPE OF WORK FOR MOS.	TION OF WORKING	126	DUSTRY	F BUSINESS
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	Joseph	WIDDLE	Tinnell		FIRST Fant				Tinh	ell
	11 11	GIVE WAR OR DATES)	166 SOCIAL SECU	1 200	Mr. Harold Le		RESS Riven	1	Ad.	21225
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	PART I, DEATH WAS CAUS	SED BY:	massing		ration of gas	Fre Int	ra. Fr		2	inserand dea
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	Conditions, if ony, which gave rise to immediate cause (a), stating the	(p)_	OR AS A CONSEQUE	tion	Melvonnie	/ presure	mi	+		week.
	underlying cause last	(6)	end stac	/	puter ence	pralopati	4		11	ven 14
							-			
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION	SIVEN IN	PART In	
TIFICATION	PART 2 OTHER SIGNIFICANT		DITION FOR WHICH			20a AUTOPSY?	20b. IF Y	res, wer	E FINDIN	IGS USED OF DEATH?
CERTIFICATION	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	19b CONE	DITION FOR WHICH	OPERATION		20a AUTOPSY? YES NO	206. IF Y	TIFYING	E FINDIN CAUSES	IGS USED OF DEATH?
	19a date of operation	19b CONE	DITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY? YES NO	206. IF Y	TIFYING	E FINDIN CAUSES	GS USED OF DEATH?
MEDICAL CERTIFICATION	190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING   CAUSE OF D	I 9b CONE    19b CONE   21b TIME ( HOUR A HER)   P	DITION FOR WHICH DE INJURY J.M. MONTH DA	OPERATION AY YEAR 19 -	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF Y IN CER	TES, WER TIFYING YES 1	E FINDIN CAUSES	IGS USED OF DEATH? NO
	19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D [IF EITHER, NOTHEY MEDICAL EXAMIN 21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  27a. I certify that	21b. TIME ( DEATH HOUR A HOUR A 21e PLACE (AT HOME S)	DEFINIURY  .M. MONTH DA  .M. OF INJURY  REET, FACTORY, OFFICE, F.	OPERATION  AY YEAR  19  ARM. ETC.)	216 HOW INJURY OCCUR	200 AUTOPSY?  YES NOW RED (ENTER NATURE OF IN	206. IF Y IN CER JURY IN ITEM I	YES, WER TIFYING YES 1 8 PART I OF	E FINDINCAUSES RPART 2) DUNTY	AGS USED OF DEATH? NO  STATE
	190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER, NOTIFY MEDICAL EXAMIN AT WORK NOTIFY MEDICAL EXAMINE AT WORK AT WORK 270.1 certify thoy(1) (this has saw the deceased alive cobove (1) weyldid) (did 122b. SIGNATURE	21b. TIME ( HOUR A FOR PLACE (AT HOME S) pital) attended 1 natiview the bad	DEFINIURY  .M. MONTH DA  .M. OF INJURY  REET, FACTORY, OFFICE, F.	OPERATION  AY YEAR  19  ARM. EIC)	216 HOW INJURY OCCUR	20a AUTOPSY? YES NOW RED (ENTER NATURE OF IN CITY OR death occurred on the	20b. IF Y IN CER	YES, WER TIFYING YES B PART LOF	E FINDINCAUSES  RPART 2)  DUNITY  Growthe	GS USED OF DEATH? NO  STATE
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WEDICAL	19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINE AT WORK AT WORK AT WORK  27a. I certify that (1) (this has saw the deceased alive obove (1) wey (did) (did) (22b. SIGNATURE AT WORK)  27d. PHYSICIAN'S NAME (TYPE AT WORK)  27d. PHYSICIAN'S NAME (TYPE AT WORK)	216. TIME ( DEATH HOUR A FR)  216. PLACE (AT HOME S)	DITION FOR WHICH  DF INJURY M. MONTH DA M.  OF INJURY  IREET, FACTORY, OFFICE, F.  A deceased from  y after death.  MN3	OPERATION  AY YEAR  19  ARM. EIC)	211 LOCATION STREET  211 LOCATION STREET  212 ADDRESS  METERY OR CREMATORY	20a AUTOPSY?  YES NOW  RED (ENTER NATURE OF IN  CITY OR  A 10 4  MEDICAL ST  DIRECTOR PHYS	20b. IF Y IN CER	YES, WERTHEYING YES  8 PART I OF	E FINDINCAUSES  PART 2)  DUNITY  Cloom the	STATE  that (1) we) causes stated  SIGNED  3. /8.5
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DHMH - 16 60M 7/84 (VRA 15, 4)

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should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

TO FUNERAL DIRECTOR. After this certificate has been signed

2D1 W. PRESTON ST.,

DIVISION OF VITAL RECORDS,

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

1	FOR STATE REGISTRAR		DEPART		IEALTH AND A			. NO.	4 2	4	3
	DECEASED NAME FIRST		WIOOFE	- 1	LAS1		20. DATE OF DEATH		DAY YEAR	26 HOU	
100	JOHN	VAN .	JENT	TIT	TUS			5 1	1 85	5:10	a
3. S	EX	4 RACE		5. DATE C			6. AGE (IN YEARS LAS	BIRTHOAY)	MONINS DAYS	IF UNDER	
	MALE	WHITE		No	4	1933	51	YRS	MOINTHS, DATS	HOURS	MIN.
1	BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	8 MARRIE	D NEVER N	ARRIED X	9. BALTIMORE CIT	OR COUNT	TY OF DEATH	W.	
7	MARYLAND	USA		WIDOWE	D DIV	ORCED	BALTIMO		ТУ		MD.
3	BALTIMORE	VAMC	HOSPITAL, NURSI BALT IMOR	E, MAF			126 USUAL OCCUP (TYPE OF WORK FOR MO BARTENDE	ST OF WORKING	LIFE) INDUSTRY	OF BUSINE	ESS OR
	STATE	OR OTHER INSTITUTION	13c. CITY OR TOV	NN	13d. INSIDE CI	NOX	13e STREET ADDRES 5634 FURN			227	
2.4	FATHER'S NAME	WIDOLE	LAST	16-	15. MOTHER'S		44400		1.0	ıst	
CV.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX. DUNL	AP F. TI	TUS	LILL	IAN F.	MULCAHY				50.
160	WAS DECEASED EVER IN U.S. YES (NO OR UNKNOWN)  WEST (NO OR UNKNOWN)	ARMED FORCES?	16b SOCIAL SEC		17 INFORMAL			DRESS			
	YES KOR	EA	216 30	0483	MR. MU	RRAY S	MITH 5634	FURNAC			
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only ane cause per	line,for (a), (b), a	nd (c.)	5	1. 1	7.		BETWEEN	XIMATE INTER	DEATH
		IATE CAUSE (a)	knd S	tage	Kestric	tive L	una Dise	ase			
	Conditions, if ony, which gave rise to immediate couse (a), stating the	(b)_	R AS A CONSEQU	-	3	<u> </u>		_			
	underlying cause last.	(c)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
NO	PART 2 OTHER SIGNIFICAN	T CONDITIONS <u>CO</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	NINAL DISEASE OR CO	ONDITION G	IVEN IN PART 1	(a	
CERTIFICATION	190 DATE OF OPERATION	19b. CONDI	ITION FOR WHICH	H OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?  YES □ NO   NO   NO   NO   NO   NO   NO   NO	IN CERT	ES, WERE FIND IFYING CAUSE YES []		TH?
ar i	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH	M. MONTH D	DAY YEAR	21c. HOW IN.	URY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM 18	RART I OR PART 2)		
MEDICAL	21d. INJURY OCCURRED	21e PLACE			211 LOCATIO	N	CITY O	RIOWN	COUNTY	5	STATE
15	AT WORK AT WORK										
	saw the deceased alive above, 1/1 (we) (did) 1/1/1/1	on Mau	19_	85 , 01		, 19 <u>85</u> aur) apinion	, ta	e dote and ho	our and fram the		
	226 SIGNATURE	Salva	berra	1	10 P	TENDING HYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN X	5 DAT	II 8	5
/	22d PHYSICIAN'S NAME ITTE	(.			22e. ADDRESS		D	1 D-1	2 timata	NO 1	0101
/	man	ATERRA	-		1		Raven Blvo	i. Bal	Etimore,	MU Z	4121
230	BURIAL, CREMATION, REMOV.	AL 236. DATE 5/17/0			EMETERY OR C		23d LOCATION CITY OR TOWN		COUNTY	5	STATE

STATE OF MARYLAND

DHMH - 16 60M 7/84

(VRA 15, 4)

74 FUNERAL DIRECTOR
NAME
AMBROSE FUNERAL HOME 1328 SULPHUR SPRING RD.

S CROWNSVILLE A.A. MARYLAND

150. DATE REC'D. BY REGISTRAR 1250. REGISTRAR'S SIGNATURE

MAY 1.5 1885 STATE AND MARYLAND

STATE A.A. MARYLAND

150. DATE REC'D. BY REGISTRAR 1250. REGISTRAR'S SIGNATURE

STATE A.A. MARYLAND

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STATE A.A. MARYLAND

150. DATE REC'D. BY REGISTRAR 1250. REGISTRAR 12



CALLED B. CO. C. LAM

T - STATE

PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGE AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OR, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.

07/84 25M

**DHMH - 17** 

(VR A15 ME (5))

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	REGISTRAR		IVILU	ICAL	PVVIIIII	LN J C	CKILL	CHIL	OFDE	RE!	G. NO.			
	CEASED NAM	NE FIRST		MIDDLE			LAST			26 DATE KNOW OF ESTI-		ONTH DAY	YEAR	25 HOUR
		Emma			r	l'ompa	kov			DEATH MATE	DXX	5-27 1	9 85	M
SE	X	4. RACE	5. DATE OF BIRTH	YEAR	6 AGE (IN YEAR		DER 1 YR.		R 24 HRS	2c. DATE	MC	ONTH DAY	YEAR	2d. HOUR
E	EMALE	WHITE	DEC. 28.		69 YRS	111011111	SDAYS	HOURS	MIN	PRONOUNCED DEAD		5-27	19 85	10:44 a. M
7a. B	IRTHPLACE (	STATE OR	76. CITIZEN OF WH			1	D NE	VED 44 AD	DIED	9 BALTIMORE C	ITY OR C			
1	DREIGN COUNTRY)		USA			WIDOW		DIVOR		Baltin	2000	City		
10. C	MARY LA	OF DEATH	11. NAME OF HOSP							UAL OCCUPATION		WORK 12b. KINI	D OF BUS	SINESS
	Balti	more	428 N		rreet address)	venue	2			OUSEWIFE	:)		INDUSTR	ĮY
	AL RESIDENCE	(IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE	RESIDENCE	BEFORE ADMISSION	N)								
	STATE ARY LAND	13b. COUN	VIY		OR TOWN		13d. INSIDE C	X NO [		28 N. LU	ZERNE	AVE.	#21	205
	ATHER'S NAM						15 MOTH	ER'S MAIL		F				
	HARR	Y	MIDDLE		EGRAFF			IRE	NE	WIDDLE		UNK	ast and a	N
160.	WAS DECEASE	DEVER IN U.S. AF	RMED FORCES?		CIAL SECURITY	NO.	17. INFOR/			IRENE AH	ERNAN		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(	YES, NO, OR UNKN	OWN) (IF YES, GIV	E WAR OR DATES)	216.	-20-034	5	2 KE	ENEY	-			WSBURY,	MD	17361
		DE DEATH (Enter o	nly ane cause per line f									APP	ROXIMATE	INTERVAL
	PARTID	EATH WAS CAUSE	D BY: A			otic	Card	iovas	cula	r Disease	۵	8ETWE	EN ONSET	AND DEATH
		IMMEDIA	(IE CAUSE (0)		NSEQUENCE O	-	003.01		-					
	Conditio	ons, if any, which			TOE GOET TOE O									
		ise to immediate		C 4 CO1	155 0115 145 0	-								
1	lying co		DUE TO, OR A	45 A CON	NSEQUENCE O	r								
13	BART D DTUGO		(c)				· .=							
z	PARI Z UTNEK	DIGNIFICANT CUNUITION	CONTRIBUTING TO DEATH B						PART I a					
18	19a DATE O	FOPERATION			tes and					<del></del>		20 AI	JTOPSY?	
1 5			176. 2011011	0111011	THE PROPERTY		io i em on							
MEDICAL CERTIFICATION	21¢ EXTERN	AL CAUSE WAS	21b. TIME OF	INTURY		1216 HC	W IN ILIP	OCCUPE	ED (ENTER	NATURE OF INJURY IN IT	FAA 19 DA PT		ES 🗌	ио ХХ
1 5	UNDERLYIN	G DOR	HOUR A.M.		DAY YEAR	110.110	W IIVJOKI	OCCUR	LD (FINIER	TATORE OF BAJORT BAT	EM IB PARI	OK PART 21		
1 5	21d. INJURY	ING CAUSE OF	DEATH P.M.	E INI II IDV	19	215 100	ATION							
ME	WHILE 1	NOT WHILE I	STREET, FACTO				REET			CITY OR TOWN		COUNTY		STATE
	AT WORK	AT WORK												100
	22a I cert	ify that Haak char	ge of the remains desc	jbed of	ove, held an	Autops	у 🔲.	Inspecti	an .	Inquiry X	and in	my opinion		
	death resul	ted form: Nati	ural causes X	Accident	, Syric	ide	Hami	cide .	Unde	termined manner	$\square$ .			
		of Do	1 DA	4.	11	nic		PECIFY)						
	SIGNATURE	rucu	ullo /	inu	who	my	ASS	istar	nt_MED	DICAL EXAMINER		DATE 5.	-27-	85
	EXAMINER'S	NAME -		/	1						14.	14.2	2120	1
	(TYPE OR PR	INT) D	ennis F. S	nyth	, M.D.	/	ADDRESS_	111	Penn	St., Ba	Ito.,	Ma.	2120	T
23a. l		ATION, REMOVAL RIAL	23b. DATE MAY 30, 1985		NAME OF CEM			ORY	23d. LC	BALTIMOR	E	COUNTY MA	RYLA	ND
								25- 24-				ABIC CION:	IDE.	
74.1	NAME	SOL	LEVINSQN	& BR	OS., INC			ZOG. DATE	NEC'D. B			AR'S SIGNATU		2
	6010	REISTERST	OWN RD. BA	LTO.	, MD 2	21215		191/	0 11	T 1200 14	LACT AND	widow. N		



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completely filled in by the funeral director, page 3 and 2 should be filed within 72 haprs after deaph

within 24 hours ofter

executed

certificate

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attending physician.

etained by the haspital ar HOSPITAL 0 BP

OR ATTENDING PHYSICIAN: The

FOR - STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

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			Acres 1	4	
	REG NO				

		REGISTRAR				REG. NO			
		CEASED NAME FIRST	MIDDLE		LASI	20. DATE OF DEATH	MONTH DAY	YE AR	26 HOUR
4	(TYPE	DA rot	has h	TA	115000	5/10/8	*		7:50
	3. SE)		4 RACE	S. DATE	OF BIRTH	& AGE (NEVERS LAST SIE	HDAY) FU	NDER I YEAR	IF UNDER 24 H
	-	emale	BLACK	MONT	13 24g	55	YR5	THS DAYS	HOURS MI
9	79 BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT			BALTIME RECITY OF	COUNTY OF	DEATH	
570	N	or the Caroline	115A	MARRIE		CITY			
o pa	10 CT	TY OR TOWN OF DEATH	11. NAME OF HOSPIT		OF OTHER INSTITUTION	THE USUAL OCCUPATION			F BUSINESS C
38	B	Altmore	UF NOT IN SUCH FACILITY	TY GIVE STREET ADDRESS)	Hospital		isla	INDUSTRY	
Pee	13a. S	AL RESIDENCE (IF NURSING HOME		STOCKHEFORE ADMISSION)	1 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	-2	123
100	A	MD B	Honore -P	& Homore	YES NO	2528 5	7/es 10	PIA	ce
Der	14. FA	THER'S NAME	117.22	77777	IS MOTHER'S MAIDEN NA		7011		
		FIRST	MIDDLE	LAST	Lula	WIDDLE	201	175 D	i C
	14a W	YAS DECEASED EVER IN U.S.		OCIAL SECURITY NO.	17 INFORMANT	ADDRE		11130	
medica		YES, NO OR UNKNOWN) (IF YES, O	GIVE WAR OR DATES)			unes 253		1000	- 01-
E/		NO		N/A	Luther To.	mues mo	LS 341		
£ ,		18. CAUSE OF DEATH (Enter	anly ane cause per line fa	r (a), (b), and (c).	0 1	1		BETWEEN	MATE INTERVAL ONSET AND DEAT
5		PART I. DEATH WAS CAU	ATE CAUSE (a)	ntra Con	+ break He	me demo	2	24	his
ner traumatic eve		Canditians, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A	CONSEQUENCE OF					
or other troumatic eve		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A  (b)  DUE TO, OR AS A  (c)	CONSEQUENCE OF					
njury, ar ather traumatic eve	NO	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A  (b)  DUE TO, OR AS A  (c)	CONSEQUENCE OF	T NOT RELATED TO THE TERM	inal disease or cont	DITION GIVEN	IN PART 16	a'
any injury, ar ather traumatic eve	ATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A  (b)  DUE TO, OR AS A  (c)  T CONDITIONS CONTRIB	CONSEQUENCE OF		INAL DISEASE OR CONI	20b. IF YES, W	ERE FINDI	NGS USED
iws any injury, ar ather traumatic eve	IFICATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A  (b)  DUE TO, OR AS A  (c)  T CONDITIONS CONTRIB	CONSEQUENCE OF		200 AUTOPSY?	20b. IF YES, W	ERE FINDING CAUSES	NGS USED OF DEATH?
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m 18 shaws any injury, ar ather traumatic eve	AL CERTIFICATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN'  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF L	DUE TO, OR AS A  (b)  DUE TO, OR AS A  (c)  T CONDITIONS CONTRIB  19b. CONDITION F  21b. TIME OF INJU HOUR A.M. M	CONSEQUENCE OF  BUTING TO DEATH BUT  FOR WHICH OPERATION  RY  NONTH DAY YEAR	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	ERE FINDING CAUSES	NGS USED OF DEATH?
Item 1		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION)	DUE TO, OR AS A  (b)  DUE TO, OR AS A  (c)  T CONDITIONS CONTRIB  19b. CONDITION F  19b. CONDITION F  HOUR A.M. M  P.M.	CONSEQUENCE OF  BUTING TO DEATH BUT  FOR WHICH OPERATION  RY  NONTH DAY YEAR  19	21c HOW INJURY OCCURE	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	ERE FINDING CAUSES	NGS USED OF DEATH?
d or them 18 shows any injury, ar ather traumatic eve		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF COURRED)	DUE TO, OR AS A  (b)  DUE TO, OR AS A  (c)  T CONDITIONS CONTRIB  19b. CONDITION F	CONSEQUENCE OF  BUTING TO DEATH BUT  FOR WHICH OPERATION  RY  NONTH DAY YEAR  19	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WIN CERTIFYIN YES [	ERE FINDING CAUSES	NGS USED OF DEATH?
Item 1	MEDICAL CERTIFICATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION)	DUE TO, OR AS A  (b)  DUE TO, OR AS A  (c)  T CONDITIONS CONTRIB  19b. CONDITION F	CONSEQUENCE OF  BUTING TO DEATH BUT  FOR WHICH OPERATION  RY  NONTH DAY YEAR  19  URY  TORY, OFFICE FARM, ETC.)	216. HOW INJURY OCCURS 211. LOCATION STREET	200 AUTOPSY?  YES NO DEPENDENT NO PROPERTY NATURE OF INJURE OF INJ	206. IF YES, WIN CERTIFYIN YES [	CERE FINDING CAUSES  I OR PART 2)  COUNTY	NGS USED OF DEATH? NO
Item 1		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN'  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LETTER NOTEY MEDICAL EXAMP  21d. INJURY OCCURRED  WHILE NOTEY MEDICAL EXAMP  AT WORK AT WORK  22a.1 certify that (1) (this has	DUE TO, OR AS A  (b)  DUE TO, OR AS A  (c)  T CONDITIONS CONTRIB  19b. CONDITION F  19b. CONDITION F  PM.  21b. TIME OF INJU HOUR A.M. M PM.  21e. PLACE OF INJU IAT HOME STREET FACE  (pital) attended the dece-	CONSEQUENCE OF  SUTING TO DEATH BUT  FOR WHICH OPERATION  RY  ONTH DAY YEAR  19  URY  TORY, OFFICE FARM ETC.)  ased from	211. HOW INJURY OCCURS 211. LOCATION STREET	200 AUTOPSY?  YES NO DEPENDENT NATURE OF INJUR  CITY OR TO	206. IF YES, WIN CERTIFYIN YES [ LY IN ITEM IB, PART	COUNTY	NGS USED OF DEATH? NO STATE
Item 1		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE THER. NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING NOT WHILE ALWORK NOT WHILE ALWORK NOT WHILE SAW THE ALWORK NOT WHILE SAW THE CERTIFY that (1) (this has saw the deceased alive as we the deceased alive as we the deceased alive as we she deceased alive as we she deceased alive as we she deceased alive as we had a saw the deceased alive as the same same as we had a saw the deceased alive as the same same same same same same same sam	DUE TO, OR AS A  (b)  DUE TO, OR AS A  (c)  T CONDITIONS CONTRIB  19b. CONDITION F	CONSEQUENCE OF  BUTING TO DEATH BUT  FOR WHICH OPERATION  RY  NONTH DAY YEAR  19  URY  TORY, OFFICE FARM ETC.)  ased from	211 LOCATION STREET	200 AUTOPSY?  YES NO DEPENDENT NATURE OF INJUR  CITY OR TO	206. IF YES, WIN CERTIFYIN YES [ LY IN ITEM IB, PART	COUNTY	NGS USED OF DEATH? NO  STATE
Item 1		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE THER. NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING NOT WHILE ALWORK NOT WHILE ALWORK NOT WHILE SAW THE ALWORK NOT WHILE SAW THE CERTIFY that (1) (this has saw the deceased alive as we the deceased alive as we the deceased alive as we she deceased alive as we she deceased alive as we she deceased alive as we had a saw the deceased alive as the same same as we had a saw the deceased alive as the same same same same same same same sam	DUE TO, OR AS A  (b)  DUE TO, OR AS A  (c)  T CONDITIONS CONTRIB  19b. CONDITION F  19b. CONDITION F  PM.  21b. TIME OF INJU HOUR A.M. M PM.  21e. PLACE OF INJU IAT HOME STREET FACE  (pital) attended the dece-	CONSEQUENCE OF  BUTING TO DEATH BUT  FOR WHICH OPERATION  RY  NONTH DAY YEAR  19  URY  TORY, OFFICE FARM ETC.)  ased from	211. HOW INJURY OCCURS 211. LOCATION STREET	200 AUTOPSY?  YES NO DEPENDENT NATURE OF INJUR  CITY OR TO	206. IF YES, WIN CERTIFYIN YES [ LY IN ITEM IB, PART	COUNTY	NGS USED OF DEATH? NO  STATE  that (1) (we) le causes stated
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DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR
Wm. C. March F/H 1101 AD TESS North Ave.

07/84

25M

BP

**DHMH - 17** (VR A15 ME (5)) FOR STATE

	STA	TE	OF	MA	RYL	AND	
PARTMENT	OF	HE	ALT	HA	ND	MEN1	A

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	4	2	9	6
REG. NO.				

		REGISTRAR			PIONE	-//////////	5 01	-141111	CAIL	I DEA		REG. NO	٥.		
		CEASED NAME	FIRST		WIDDLE		t.	AST			2a. DATE K	NOWN S	HTMOM	DAY YEAR	26 HOUR
	,,,,,		Emmanue!	1 JOS	EPH		TOV	nsen	d		DEATH		5/	31/19 85	. AA
	3 SEX	4.1	RACE 5. E	DATE OF BIRTH		6. AGE (IN YEAR	IF UND	ER I YR.	IF UNDER		2c DATE		MONTH	DAY YEAR	12 HOUS
- 1	MA	TE D	T . OTT	AONTH DAY	YEAR	LAST BIRTHDAY	Moratilia	DAYS	HOURS	MIN	PRONOUNG DEAD	CED	<b>-</b> /	23 /10 05	-
_	-	RTHPLACE (STATE		CITIZEN OF WE	1915	70YRS						ORE CITY O	DR COUNT	31/19 85 TY OF DEATH	A <sub>M</sub>
2		REIGN COUNTRY)					MARRIE	=	VER MARR	IED U			_		
2	10.01	VIRG		US of	A		WIDOWE		DIVORC	-			e City		MD.
0	10_C1	TY OR TOWN OF		(IF NOT IN SUCH FAC	CILITY, GIVE S	TREET ADDRESS)	OR OTHE	RINSTITU	TION		AL OCCUPA		E OF WORK	OR INDUST	
		Baltin		St. Agne							RETIR	ED		POSTAL	CLERK
	USU A 13a. S1		1136. COUNTY	HER INSTITUTION GIV		OR TOWN		3d. INSIDE C	ITV LIMITCO	lua erne	EET ADDRES	c		2121	6
ы		MARYLAND	130. COOI471	a produce of the fillings of the		TIMORE		YESX	NO [	136 21K			PRESS	TMAN ST	
	14. FA	THER'S NAME							R'S MAIDI	EN NAME			T THE LA		HERET
		FIRST	UNKNC	TAJ AJ		LAST			RST		MIC	DIE		LAST	
/	16n W	VAS DECEASED E	VER IN U.S. ARMED		TAN SOC	IAL SECURITY	NO I	7. INFORM	RENCE			ADDRESS		BIRDSON	G
		ES, NO, OR UNKNOWN	(IF YES, GIVE WAR	OR DATES)							T 2300			21229	
- 1			WW	34.		05 422	39	MID.	MAR	X BAT	LE Y	3602	EVERS	LEY STR	11/010
- 1		18 CAUSE OF D	EATH (Enter only or H WAS CAUSED BY											APPROXIMATE BETWEEN ONSE	T AND DEATH
- 1		PARTIDEAT	IMMEDIATE C	AUSE (a) Ar	terio	osclero	tic (	ardi	ovasc	ular	Disea	se			
- 1						SEQUENCE O									
	11.		if any, which												
			ta immediate	(b)											
		lying cause I	iting the <u>under</u> - ast.	DUE TO, OR	AS A CON	ISEOUENCE O	F								
			A	(c)											
		PART 2 OTHER SIGNIF	ICANT CONDITIONS CONT	RIBUTING TO DEATH F	BUT NOT RELA	TEO TO THE TERMIN	AL DISEASE (	OR CONDITIO	N GIVEN IN PA	RT 1 a					
	CERTIFICATION														
1	AT	19a DATE OF OF	ERATION	196. CONDIT	ION FOR	WHICH OPERA	TION WA	S PERFOR	MED?					20 AUTOPSY?	
4	FF													YES 🗆	NO [X]
	ERT	210 EXTERNAL	AUSEWAS	216. TIME OF	INJURY		71c. HO	W INJURY	OCCURRE	D IENTER N	NATURE OF INJU	RY IN ITEM 18	PART 1 OR PAR		140 02
4		UNDERLYING	OR	HOUR A.M.											
	MEDICAL	21d. INJURY OCC	CAUSE OF DEA	TH P.M.		19	21f. LOC	ATION							
	AEC	WHILE ON	OT WHILE		ORY, FARM, E			EET			CITY OR TOW	N	cou	YTML	STATE
		AT WORK	TWORK	300											
		22= 1 ===4:64	hat I taak charge of	the semana dec	caibad aba	un hald	Autapsy		Inspectio	X	1.	7	4		
-1											Inquiry		nd in my ap	oinian	
-1		death resulted t	ram: Natural	ouses A,	Accident	L, Suic	ide 🔲,	Hamid	ide 🔲	Undete	ermined mar	iner,			
		ACTUAL		7					PECIFY)				0.75	E /23 /0	-
_		SIGNATURE		1			M.E	ASS	ıstan	t_MEDI	ICAL EXAMI	NER	DATE SIGNE	<sub>D</sub> 5/31/8	5
6				V											
4		(TYPE OR PRINT)	ME Gregor	cy R. Ka	uffma	in, M.D	A	DDRESS_		111 I	Penn S	t.			
	23a.Bl	URIAL, CREMATIO	N, REMOVAL 236. D			NAME OF CEM			ORY	23d. LO	CATION				
	(5)	PECIFY)	TAT TIN	ne 6, 19	8504	DDTCOM	FODE	ST VE	em em		OR TOWN	WITT	COUN	AT-TO-LOST	ATE
	24 FL	JNERAL DIRECTO		10,13	OJ GA	עעדפטון	P.O.A.	AL AL	25a. DATE	REC'D. BY	OWT NG	25b REG	SIRARISA	A PROPERTY OF A	,
		NAME .		ADDRESS					1111	135	10950	TIBIY	DON'T CHEEN		
		LEWIS	T. GWYNN	4517	PARK		AVE	NUE	111	100	14906	1/			

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

STATE OF MARYLAND	6.3	100	4	12	- 3	Q	
MENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	0	2	li li	also I	Com		
CERTIFICATE OF DEATH		REG. NO.					

134536		FOR STATE REGISTRAR		STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	4291
1 2		EASED NAME FIRST OR PRINT) JOHN	F.	TRITLE  15. DATE OF BIRTH	MAY 5, 1985	12:49 A
	À	ALE RIHPLACE (STATE OR FOREIGN	WHITE	MARCH 29, 1931	54 YRS.	UNDER I YEAR IF UNDER 24 MRS
<b>V</b>	C	OUNTRY EN NA.	76 CITIZEN OF WHAT COUNTRY  CLESS A.	MARRIED NEVER MARRIED WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	BALTIMORE CITY  BALTIMORE CIT  12a USUAL OCCUPATION	
1021	B	ALTIMORE  L RESIDENCE (IF NURSING HOME OF	(IF NOT IN SUCH FACILITY, GIVE STREET THE JOHNS HOPKI	NS HOSPITAL	(WEEDE WORK FOR MOST OF WORKING LIFE)	CENSTRUCTION
12 16	13a S	TARE 136 COUR		WN . 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE /25 SUN 11/5	E DR 21767
1 10 15 20	lán W	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	2 Abbie	1 MDD16	ellett
AATIMOS Sections Children	/(Y	iges Kor	rewar OR DATES) 198-22	7-9895 Agnes L.	TRITIE MAU	APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
MST. B		PART I. DEATH WAS CAUSE	TE CAUSE (a) Electro	meetherical Disso	ocietion	Several Minut
PRESTO The death mindre commission, explaining		Conditions, if ony, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF	cular Tachycardi	α	Several hours
6, 201 W	underlying PART 2 O		(a) Ische			5 years
DIVISION OF VITAL RECORDS NG PHYSICIAN: The low requires of tending physicion. Ifter this certificate has been to so the buriol-transit permit. The hand Mental Hygene prior to acked or them 18 shows any injury	CERTIFICATION	SEVERE C	196. CONDITION FOR WHIC	Disease HOPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
OF VITAL  CLAN: The  physicia  physicia  pol-transit  ntal Hygie	CAL CERT	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF IN RY IN ITEM 18 PAR	
UVISION  NG PHYS  otherding  the this of  softe the burn  hond Me	WEDIG	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	21f LOCATION	CITY OR TOWN	COUNTY STATE
TTENDI Spital or CTOR A for use of Heal		saw the decoased alive an abave (li)(we) (did) (did no	ital) attended the deceased from 19	ond that in (my) our opinion	death accurred on the date and hour of	
TAL OR A by the hos RAL DIREC detoched tote Dept.		226. SIGNATURE	1		MEDICAL STAFF DIRECTOR PHYSICIAN	DATE SIGNED
TO HOSPITAL ( retained by the TO FUNERAL I should be deto with the Store I		DAVID H	MADOFF	The Johns	John Trosbuck	. 821205, MD.
ВР	1	BULLER PEMOVAL	3/6/1955 B	NAME OF CEMETERY OR CREMATORY	23d LOCATION CHORNOLS TOU	
DHMH - 16 60M 7/84 (VRA 15, 4)	14.60	MERAL DIRECTOR  MELTER  MELT   iller- GRE	erich ste	ie Rec'D. By REGISTRAR 256 REGISTRA	AR'S SIGNATURE	

ATTENDED TO A TAKE the all the second of the seco Beened ships the bear for the following Planting the constraint of the family of the file of t

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE PECISTRAP

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		- 2	
20	7	- 1	1
-	)	1.8	-

			REG. NO.	
DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
ANNA	R.	TRUETT	MAY 17, 1985	9:50 <sup>A</sup>
3. SEX	4. RACE	5 DATE OF BIRTH		DER I YEAR IF UNDER 24 HRS
female	black	9 11 191	.4 70 YRS MONTH	DAYS HOURS MIN.
70. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED X NEVER MARRIED	_ 9 BALTIMORE CITY OR COUNTY OF D	EATH
Md	USA	WIDOWED DIVORCED	_   DATMINADE OFMS	MD.
10, CITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION		KIND OF BUSINESS OR
BALTIMORE	JOHNS HOPKI	NS HOSPITAL	(TIPE OF WORK FOR MOST OF WORKING LIFE) 11N	DOSTRY
ISUAL RESIDENCE 118 NURSING HOME ( 30. STATE  13b COU	OR OTHER INSTITUTION GIVE RESIDENCE BEF JINTY 130 CITY OR TO Baltir		s?   13. STREET ADDRESS ZIR CODE TO Arlingto	on Ave 2121
14 FATHER'S NAME	Dar er.	IS MOTHER'S MAIDER		
Samuel	MIDDLE Hast	wkins Annie	WIDDLE	Young
160 WAS DECEASED EVER IN U.S. A		CURITY NO. 17 INFORMANT	ADDRESS	
NO (IF YES, C	217-12	2-6093Herman Tr	ruett 2702 W. Frank	klin Street
18 CAUSE OF DEATH (Enter	only one cause per line far (a), (b),	ond (c		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS	ED RV.	ic arrest		
IMMEDIA	DUE TO, OR AS A CONSEC			
Conditions, if any, which		1:10 hrs		
gove rise to immediate	(b) Hnem			
underlying couse lost.				
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T		TERMINAL DISEASE OR CONDITION GIVEN IN	PART Iro
Small bowel o	bstruction. He	maturia. Enter	scataneous fistula	
Small bowel of 190 Date of Operation 5/2/85  210. ACCIDENT WAS UNDERLYING		CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WER	RE FINDINGS USED CAUSES OF DEATH?
E 5/2/85	Small bouse	labstruction	YES NO YES	NO [
210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I C	R PART 2)
OR CONTRIBUTING CAUSE OF D	SAIR .	19		
(IE EITHER NOTIFY MEDICAL EXAMIN	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN C	OUNTY STATE
WHILE NOT WHILE AT WORK	TAL HOME, SIREEL PACTORY, OFFIC	E PARM EIC)		
220.1 certify that (1) (this has	pital) attended the deceased from		85 10 Play 17 19 8	25, that (1) (we) last
saw the deceased alive a	on May 17 not) view the body ofter death.		nion death accurred on the date and hour and	from the causes stated
22b. SIGNATURE	014	DEGREE		21. DATE SIGNED
Dani	J.H Themas	_ MD ATTENDIN		5/17/85
224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	F	
Deniel	H Thomas	Johns H.	sokins Hospital But	timore MO
230 BURIAL, CREMATION, REMOVA		1 00 1110 111		

DHMH = 16 60M 7/B4

MPORTANT

(VRA 15, 4)

Burial

Baltimore

5/21/85 24 FUNERAL DIRECTOR ADDRESS

Garrison Forest VA Owings Mills
| 1250. Date REC'D. BY REGISTRAR | 250. REGISTRAR'S SIGNATURE

STATE

William C. March F/H 1101 E. North Ave

14Tions

A STATE OF THE STA

STATE OF MARYLAND

Items 18-22a 7/12/85 mtb F#605

1-	STATE	DE	PARIMENI OF HE	ALIH AND MENTAL H	IYGIENE	1 4 3 0 0
	REGISTRAR		CAL EXAMINE			NO.
	CEASED NAME FIRST	۸	MDDLE	LAST	20. DATE KNOWN OF ESTI-	MONTH DAY YEAR 76. HOL
	RUBEN (RUI		T	JCKER	DEATH MATED	□ 5-15-85 <sub>19</sub>
3. SE	4 RACE	S DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YR. IF UNDER	24 HRS. 26 DATE MIN. PRONOUNCED	MONTH DAY YEAR 2d. HOL
	Male Black	12 22	15 69 YRS.		DEAD	5-15-85, 11:35
	IRTHPLACE (STATE OR PREIGN COUNTRY)	76. CITIZEN OF WHA	COUNTRY? 8.	MARRIED NEVER MARRI	9. BALTIMORE CITY	OR COUNTY OF DEATH
	VA	ÚSA	V	VIDOWED DIVORC	ED □ Baltimo	re City "
10 C	TY OR TOWN OF DEATH	11 NAME OF HOSPIT	AL, NURSING HOME, C	OR OTHER INSTITUTION	12a. USUAL OCCUPATION (* FOR MOST OF WORKING LIFE)	TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY
	Baltimore		th Street		TOR MOST OF WORKING EITE)	OK III DOOTKI
	AL RESIDENCE (IF IN NURSING HOME TATE 1136, COU	OR OTHER INSTITUTION, GIVE R		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
	MD		Baltimore		621 F. 30+	h St 21210
14. F	ATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDE		LAST
	John	_	cker	Mariah	MIDDLE	Jordon
16a. \	VAS DECEASED EVER IN U.S. A		16b. SOCIAL SECURITY N	IO. 17 INFORMANT	ADDRE	SS
(1	Yes	E WAR UK DATES]	219-16-91	57A Catheri	ne S. Tucke	r 621 F 30+b 9
	18 CAUSE OF DEATH (Enter of	nly ane cause per line fa		ZZA GALUELI	HE J. LUCKE	APPROXIMATE INTERVAL
	PART I DEATH WAS CAUS			tic ccardiovas	scular disease	BETWEEN ONSET AND DEAT
	IMMEDI		A CONSEQUENCE OF	010 000101010	Journal allocato	
	Canditians, if any, whic					
	gave rise to immediate cause (a) stating the unde	-	A CONSEQUENCE OF			
	lying cause last.		THE CONTROL OF THE CONTROL OF			
	PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO OFATN BUT	NOT RELATED TO THE TERMINA	OSCASE OR CONDITION GIVEN IN BA	PT 1 (n)	
Z			THE REPORT OF THE PERMITS	COSERSE OR CONGISSION GIVEN IN TR	AT TIO.	
ATIC	190. DATE OF OPERATION	19h CONDITIO	N FOR WHICH OPERAT	ION WAS PERFORMED?		20 AUTOPSY?
IFIC.						
CERTIFICATION	210. EXTERNAL CAUSE WAS	21b. TIME OF IN		21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM	YES NO X
	UNDERLYING OR		MONTH DAY YEAR			
MEDICAL	21d. INJURY OCCURRED	DEATH P.M. 21e PLACE OF	19 INJURY (ATHOME.	21f. LOCATION		
ME	WHILE AT WORK AT WORK	STREET, FACTOR	r, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY
	AT WORK AT WORK					
	22a. I certify that I took cha	ge of the remains descri	sed abave, held an	Autapsy, Inspection	n X. Inquiry .	and in my apinion
	death resulted fram: Nat	ural causes 💢 , 🛛 A	ccident 🔲, Suicio	de , Hamicide .	Undetermined manner	],
	ACTUAL	1 - o A	4/-10	TITLE (SPECIFY)		
	ACTUAL SIGNATURE	morre of	Jnell	M.D. Assistar	T MEDICAL EXAMINER	DATE SIGNED 5-15-85
	EYAMINIED'S NIAME		/11 M D			
-	(TYPE OR PRINT) Ma	rgarita A.	corell, M.D.	ADDRESS 111	Penn Street	
23a.B	URIAL, CREMATION, REMOVAL		23c. NAME OF CEME	TERY OR CREMATORY	23d. LOCATION	COUNTY STATE
	Burial	5/21/85	Garriso	n Forest Va	Owings	Mills MD
24. F	UNERAL DIRECTOR	ADDRESS		25a. DATE F	REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE
W			1101 F. N	orth Ave Mi	V 1 7 1095	is Savidson Randalle

STATE OF MARYLAND

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haur after death. Page 4 minerationed by the hospital or attending physicion.
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and campletely filled in the first permit. Then please remove carban popers. Pages fland 2 should be the business from the present of the please remove carban popers.
with the State Dept. of neolth and memor hygiene prior to bound; cremotion, or removal:

15	FOR - STATE REGISTRAR		DEPARTMENT OF CERT	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	14301
L.C	(PE OR PRINT) & 1	oria N	1. Tuc	ter .	20. DATE OF DEATH MC	23-85 25 45 55 A
3.5	temale	1. RACE Blace	Α		6. AGE (IN YEARS LAST BIRTHO	MONTHS DAYS HOURS MIN
and L	BIRTHPLACE (STATE OR FOR COUNTRY) OWNSWOOD,		/HAT COUNTRY? 8. MARR	IED NEVER MARRIED XX	BALTIN	
1972 /	CITY OR TOWN OF DEATH	- IF NOT IN SUCH	DSPITAL, NURSING HOME FACILITY, GIVE STREET ADDRESS)		12a USUAL OCCUPATION	
å US	UAL RESIDENCE HE NURSING	HOME OR OTHER INSTITUTION	IVE RESIDENCE BEFORE ADMISSION ISC. CITY OR TOWN BALTO.	134. INSIDE CITY LIMITS?	13e STREET ADDRESS / Z 3942 BELVI	~/ /O\ L
-ie	FATHER'S NAME  OHN  FIRST	H MIDDLE	TUCKER	IS MOTHER'S MAIDEN NA	ME	STANDEBARRY
/	WAS DECEASED EVER IN 1485, NO OR UNKNOWN) I	IF YES, GIVE WAR OR DATES)	18 • 18 • 116 4	17 INFORMANT  JAMES HARGI	ADDRESS	BELVIEU AVE.
notion, or removal. troumatic event, th	Conditions, if any, w	which ( (b)	AS ACONSEQUENCE OF	of Laryn	<u>ε</u>	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Days  Munth
ther			AS A CONSEQUENCE OF	for Henry	Failure	Dray
injury, ar o		ICANT CONDITIONS CO	NTRIBUTING TO DEATH BU	object the	INALDISEASE OR CONDIT	TION GIVEN IN PART TOO
8 shows ony injur	19a DATE OF OPERATIO	DN 196. CONDIT	ION FOR WHICH OPERATI	ON WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES
/-/	OR COLUMNIA COLUMN	JSE OF DEATH HOUR A.A	MONTH DAY YEA	R	RED (ENTER NATURE OF INJURY I	IN ITEM 18 PART I ORPART 2)
bed ced	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C		21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is mark	220.1 certify that (I) (If		19 85	ond that in (my) (our) opinion	to 3-23-	ond hour and from the causes stated
H Hea	22b. SISTIATURE	(did not) view the body of	M Or	DEGREE ATTENDING PHYSICIAN F	MEDICAL STAFF DIRECTOR ☐ PHYSICIA	221. DATE SIGNED  S-37-65
ANT.	224 PHYSICIAN'S NAM	E (TYPE OPPRINT)		22e ADDRESS		

DHMH - 16 50M 4/83

BP.

(VRA 15, 4)

IMPORTANT: If Hem 21 is mark

24. FUNERAL DIRECTOR EROY O. DYETT 4600 LIBERTY HGTS. AVE.

230. BURIAL, CREMATION, REMOVAL 5 - 27 - 85 ADDRESS

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

COUNTY

STATE

EASTVIEW CEM 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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THE PROPERTY OF THE PARTY OF TH

AND THE PROPERTY OF THE REAL PROPERTY.

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may be

I in by the funeral director, page 3 to filed within 72 hours ofter death

## STATE OF MARYLAND

(3)	day	1	1/2	1	13	11/2
0	5		4	V.	U	and the same
	DEC NO					

	1-	FOR STATE REGISTRAR	DEPART		ALTH AND MENTAL HYGI CATE OF DEATH	ENE S S		4 5	0 2
		CEASED NAME FIRST CAUSE	d John	-1/	ure k	2s. DATE OF DEATH	5 /	YEAR 85	26. HOUR 12:37 M
	3. SEX	MAle	RACE White	S. DATE OF	13 37	6. AGE (IN YEARS LAST BIRTI	YRS.		# UNDER 24 HRS HOURS MIN.
7	M	ARVIAND	CITIZEN OF WHAT COUNTRY?	WIDOWED	NEVER MARRIED DIVORCED DIVORCED	BA/HIMO	RE	017	MD.
	B	MHHMORE	1. NAME OF HOSPITAL, NURSIN PROT IN SUCH FACILITY GIVE STREET PROUS 50	OTT /		126. USUAL OCCUPATION (TYPE OF THE REPORT MOST OF		26. KIND OF HOUSTRY	Record
2	130. S	PRYAND -			YES NO	3714E1	ZIP CODE	122 2Rd	Street
)		Hugust	Ture	k	15 MOTHER'S MAIDEN NAM	MIDDLE		LAST	UK
		(AS DECEASED EVER IN U.S. ARME ES NO OR UNKNOWN) USYES, GIVE V CSCR	WAR OR DATES)	5513	MRS. VIRGI	INIA TURE	k 371	122	LONDAN 4 5+ AATE INTERVAL NSET AND DEATH
	No	PART I. DEATH WAS CAUSED IMMEDIATE  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEOU  (b) // Lb //  DUE TO, OR AS A CONSEOU	ENCE OF		VAL DISEASE OR CONE	DITION GIVEN I	S Q	lays
	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING		
1		2)8. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.	AY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LATHOME STREET, FACTORY, OFFICE, I	FARM ETC )	21f. LOCATION STREET	CITY OR TOV		COUNTY	STATE
		22a.1 certify that (I) (this hospital saw the deceased alive on above, (I) (me) (did) (did)	5-1- 19		d that in (my) (🗪 ) opinion de	eath occurred on the do		d from the c	
		226. SIGNATURE Chaus	0-1000	10	ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE S	SIGNED
		22d PHYSICIAN'S NAME (TYPE ORF	Wendt MK	)	Frances Sc	off Key	Medica	al Ca	enter

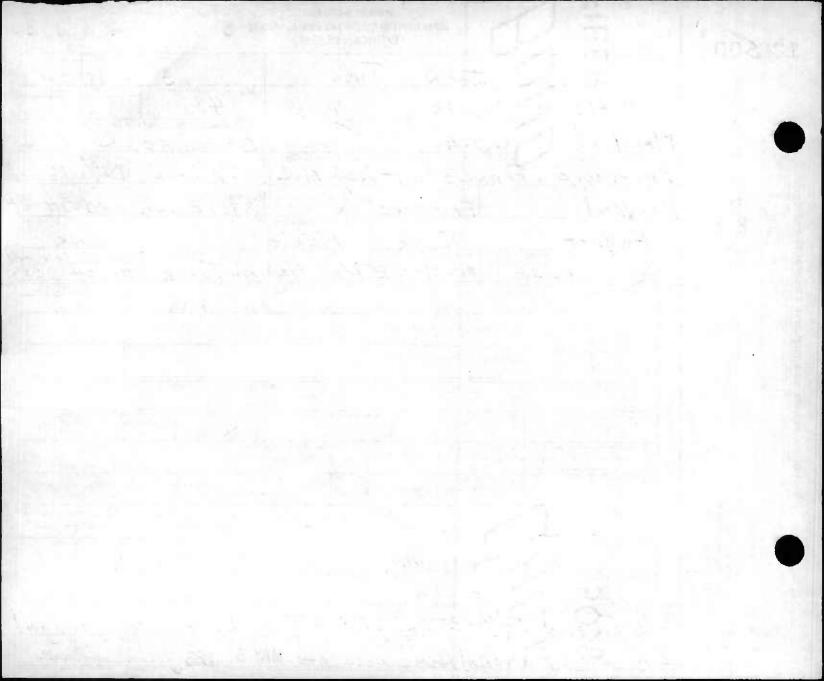
DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

IMPORTANT: If hem 21 is marked or Item 18 shaws any injury, ar ather troumatic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and a should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the haspital or attending physician.

CONKING 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE Mit Nevictor-Randell



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should be detached with the State Dept.

FUNERAL

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MPORTANT:

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 7b HOUR TYPE OR PRINT) MOSES TYLER 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER 1 YEAR MONTH YEAR MALE BLACK 1921 7. 64 FEB. O BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED VIRGINIA USA DIVORCED X WIDOWEL BALTIMORE CITY B CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12¢ USUAL OCCUPATION 12b. KIND OF BUSINESS OR Ft annouing and telephones y Medical Ctrype of work for most of working life) INDUSTRY BALTO. CITY HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13b COUNTY 130 CHY OF TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 1803 N. Washington St. 21213 NOF 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDI FIRST MIDDLE Robert Sr. Clar В. Tyler TYLER ADDRESS 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (YES NOOR UNKNOWN) LIF YES, GIVE WAR OR DATEST Ann Minor 1437 Patterson Park Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY ARREST IMMEDIATE CAUSE A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO IT 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE AT WORK ATWORK 220 I certify that (I) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on abave, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION BURIAL STATE 5/17/85 Baltimore CEM

BP DHMH - 16 60M 7/73 (VRA 15(4))

24. FUNERAL DIRECTOR

March F/F Finc. T101 E North Avenue

BALTO., MD.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 156082 REGISTRAR REG NO 1. DECEASED NAME (TYRELL) KNOWNXX OF ESTI-DEATH MATED LIYPE OR PRINTI S FOR YOUR FILES. WITHIN 72 HOURS 10 85 Tynell Margie AND 10 THE FUNERAL DIRECTO PEYAIN PAGE 5 FOR YOUR FILE YOULD BE FILED, WITHIN 72 HOUR 3 SFX 4. RACE DATE OF BIRTH IF UNDER 24 HRS 2c. DATE 2d HOUR 9:31 JAST BIRTHDAY PRONOUNCED 25 6 30 60 DEAD 1985 a. M 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY USA Baltimore City, DIVORCED & WIDOWED [ 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 112b KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFET 3623 Milford Avenue Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a. STATE 3623 Milford Road 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore MD YES X NO T BALTIMOREAMD, 21 L'IN TEM 18. GIVE PAGEST, 2, A R. ALONG WITH FORM PM 3. NSIZ-PERMIT, PAGES I AND 2 SEF HYGIENE, DIVISION OEWIALR IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE EIRST Williams Swell. SR. Georgie Anna Howard 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS 219 - 30 - 7213Diane Tyrell 3623 Milford Rd. SHOURD "RENDING" IN PENCIL IN INTERPRETATION CHIEF MEDICAL EXAMINER ALONG WHITE OF USED AS A BURIAL - TRANSIZ-PERMIT. PAITOF HEALTH AND MENTAL HYGIENE, DIV APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Carcinoma of Larvnx IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OFATN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIEF.

TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES [] NOX 21a, EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN STATE WHILE AT WORK Inquiry XX 22e. I certify that I took charge of the remains described above, held on Autopsy Inspection Natural couses XX deoth resulted ( Homicide Undetermined monner TITLE ISPECIFY 5-27-85 Assistant EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 Dennis F. Smyth, M.D. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Baltimore 6/1/85 Mt. Auburn Cemetery MD Burial 07/84 BP 24. FUNERAL DIRECTOR 256. REGISTRAR'S SIGNATURE 25a. DATE REC'D. BY REGISTRAR **DHMH - 17** C. March F/H 1101 E. North Ave. (VR A15 ME (5))

STATE OF MARYLAND

mpletely filled in by the filled on by the filled on the good 2 should be filed with

within 24 hours oft

TTENDING PHYSICIAN: The

TO HOSPITAL

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	5	1	4	3	0	5

1	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	ECEASED NAME EILWO	sod Randol	ph Uhl	20. DATE OF DEATH MO	30,1985 200 AM
3. SE	× M	I. RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6. AGE (IN YEARS AST BIRTHD)	AY)   FUNDER YEAR   FUNDER 24 HRS   MONTHS   DAYS   HOURS   MIN.
70. B	aryland	L CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BARYMORE CITY OR C	more and
t	Baltimore	1806 Swans	sea Koad	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WO	
13/	TATE 136 BUNT	THER INSTITUTION GIVE RESIDENCE BEFORE 13(1) STY OR TOWN	YES NO [		sansea Rd 7
	August	IDDLE LAST	15 MOTHER'S MAIDEN NA FIRST May	WIDDIE	Mc Comas
	WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES GIVE!  YES WWI	WAR OR DATES)	8614 Family	Records	É
	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE  Canditions, if only, which gave rise to immediate cause (a), stating the underlying cause last.	4- 4//	nce of		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NO	PART 2. OTHER SIGNIFICANT CO		DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDIT	ION GIVEN IN PART 11a
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		OB. IF YES, WERE FINDINGS USED  N CERTIFYING CAUSES OF DEATH?  YES NO NO
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	19 211 LOCATION	RED (ENTER NATURE OF INJURY IN  CITY OR TOWN	COUNTY STATE
	220.1 certify that (I) (this haspita	al) attended the deceased fram		, todeath occurred an the date	and hour and from the couses stated
	22d BHYSICIAN'S NAME (TYPE OR I	M. Searcy	M.D. ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	Hospital

BP.

DHMH - 16 60M 7/84

should be detached for use as with the State Dept. of Health TO FUNERAL DIRECTOR:

IMPORTANT:

and Mental Hygiene prior to burial, crematian, us certificate has been signed by the burial-transit permit. Then please rem

marked or Item 18 shaws any

(VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY Moreland Mem

23d. LOCATION

6-1-85 24 FUNERAL DIRECTOR rans Unagel of Chinas 8800 Harris

23b. DATE

Carl Call Elleract Fourtelph (MI) 11/00 35,1955 200 23 1 4 Lu STORE TO THE ASK OF THE WAY The Control of South Standle War and Enter y which the control Can property of the 128-18-21 JAM J-122 HILL W.

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FOR STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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22	Maria
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						REG. NO			
	CEASED NAME FIRST ROME COMPRINT)	ome '	Frankl	in W	nbeiger er		05/ 22/	1 85	6, A.
SEX	Male	4. RACE	ite	5. DATE C	OF BIRTH YEAR YEAR	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HR
VA	RTHPLACE (STATE OR FOREIGN OUNTRY)	U.S.A.		WIDOWE		9 BALTIMORE CITY O	Balti		ity 1
. CI	Battimore	Unive	HOSPITAL, NURSING HEACILITY GIVE STREET A WELTY OLD	Appress)	and Haspidal	Tow Noton	EAWORKING LIFET	Detri	
OLS	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COL	OR OTHER INSTITUTION	Baltimo	adialssion) V	13d. INSIDE CITY LIMITS? YES NO 🗆	13e STREET ADDRESS	ZIP CODE	4t /	21224
FA	THER'S NAME	WIDDIE	Imberger		15. MOTHER'S MAIDEN NA/	WE		Grubb	ī
	VAS DECEASED EVER IN U.S. A (ES, NO JUNKNOWN) (IF YES, G	RMED FORCES?	223-12-3		Dolores G.Um	berger 833.		ndy St	. 2122
	PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (a)	Lymphol	MON				Zw	withs
	Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause last.	DUE TO, O  (b)  DUE TO, O  (c)	R AS A CONSEQUE	nce of					
IIICAIION	gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, O  (b)  DUE TO, O  (c)  CONDITIONS CO	R AS A CONSEQUE	NCE OF DEATH BUT TY AUT	NOT RELATED TO THE TERM TOWN WAS PERFORMED		206. IF YES, \	WERE FINDIN	IGS USED
CEKILLIC	gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  D My Color  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D LIF EITHER NOTIFY MEDICAL EXAMIN  21d INJURY OCCURRED  WHILE NOTIFY NEDICAL EXAMIN	DUE TO, O  (b)  DUE TO, O  (c)  CONDITIONS CE  198 COND  198 COND  218 TIME CHOUR A.  EATH  P.  21e PLACE	R AS A CONSEQUE  DINTRIBUTING TO D  OF INJURY  M. MONTH DA  M.	NCE OF  DEATH BUT  OPERATION  AY YEAR  19	tenadislass	200 AUTOPSY?  YES NO	20b. IF YES, \\ IN CERTIFYI YES RY IN ITEM 18 PAR	WERE FINDING CAUSES	GS USED OF DEATH?
CEKIIFIC	gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  DIVIDINAL PROPERTION  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D LIFE EITHER. NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHITE AT WORK AT WORK  22a. I certify that (I) (this has sow the deceosed alive a above, (I) (we) (did)	DUE TO, O  (b)  DUE TO, O  (c)  CONDITIONS CO  19b COND  19b COND  21b TIME O HOUR A. ER) P. 21e PLACE (AT HOME, STI	R AS A CONSEQUE  DITRIBUTING TO D  CONSTRUCTION FOR WHICH IS  OF INJURY  M. MONTH DA  M.  OF INJURY  REET, FACTORY, OFFICE, FA	NCE OF  DEATH BUT  OPERATIO  Y YEAR  19  ARM, ETC.)	216 HOW INJURY OCCURE 211 LOCATION STREET  19 86  and that in (my) (our) apinion of	20a AUTOPSY?  YES NOTER NATURE OF INJU  CITY OR TO	20b. IF YES, IN CERTIFYI YES RY IN ITEM 18 PAR	WERE FINDING CAUSES  1 1 OR PART 7)  COUNTY	STATE
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DHMH - 16 50M 4/83 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove carbanappers: Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. MAPORTANT: If Hem 21 is morked or Item 18 shows any injury, ar ather traumatic event, the

TO FUNERAL DIRECTOR: After this certificate has been

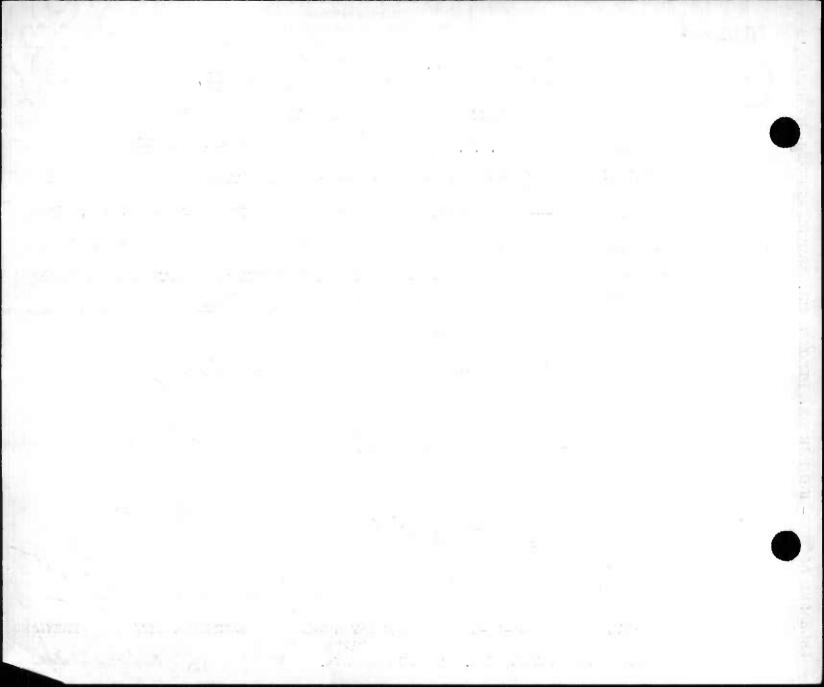
Charles S. Zeiler & Son Inc. ADDRESS S. Conkling St

130 DATE REC'D. BY REGISTRAN 256. REGISTRAN'S SIGNATURE

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ond completely filled in by the funeral director. If ages I and 2 should be filed within 72 hours after

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1	-	STATE
		REGISTRAR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF BEATH

3	5	1	4	j	0	8
	REG. NO.					

REGISTRA	AR .		CERTIFI	CATE OF DEATH		REG. NO.			
1. DECEASED NA	ME FIRST	MIDDLE	LA	ST	20. DATE OF	DEATH MON	ITH DAY	YEAR	26 HOUR
	Elizabe	th	Va	lentine	\$	3	5	85	229p
3 SEX		RACE	5. DATE O		6. AGE (IN YE	ARS LAST BIRTHDA	Y) IF UN	DER I YEAR	IF UNDER 24 HR
Fe	male	White	Jan	31, 1902	83		YRS.		
		CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9 BALTIMOR	E CITY OR C	OUNTY OF E	DEATH	
	ore, Md.	U. S. A.	WIDOWE	DIVORCED		altim			
10. CITY OR TOW		1. NAME OF HOSPITAL, NURSIN	IG HOME O	R OTHER INSTITUTION	120 USUAL O	CCUPATION FOR MOST OF WO			F BUSINESS O
Balti		Francis Scot	**	y Hospital	l Pack	er -	Natio	nal	Can C
130. STATE	CE (IF NURSING HOME OR OF OF OT OTHER COUNT)	THER INSTITUTION, GIVE RESIDENCE BEFORE Y 13c CITY OR TOW BOLT IM	ADMISSION)	134. INSIDE CITY LIMITS' YES YOU DO	13. STREET A 2925	McEl	code derry	St.	-2120
II FATHER'S NA		Buschman		Jennym		MIDDLE St	rommo	LAS	
	SED EVER IN U.S. ARM			17 INICOPMANIT		ADDRESS	Ma	212/	75
(YES, NO OR UN	KNOWN) (IF YES, GIVE V	WAR OR DATES) 212-07-		harles	Elt Pale	ntine	- 292	5 Mc	Elder
18 CAUSE	OF DEATH (Enter only DEATH WAS CAUSED	one couse per line for (a), (b), on	d (c).)	r 'n			-	BETWEEN	MATE INTERVAL
	THER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	ERMINAL DISEASE	OR CONDITK	ON GIVEN I	V PART Ico	
190. DATE (	OF OPERATION	19b. CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOI		D. IF YES, WE CERTIFYING YES		
An annual	ENT WAS UNDERLYING BUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH D.	AY YEAR	21c. HOW INJURY OCC	URRED (ENTERNATI	JRE OF INJURY IN	ITEM IB PART I	OR PART 2)	
<u> </u>	Y OCCURRED  NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		214 LOCATION STREET		CITY OR TOWN		COUNTY	STATE
27a.) certi	fy that (1) (this hospita	ottended the deceased from_	5/3		), to	5/			that (I) we lo
		view the body ofter death.		d that in (my Court opini	ion death occurred	on the date o			
226. SIGN	ATURE 1	O Da wolfer	M	ATTENDING	G MEDICAL	STAFF		22c DATE	SIGNED
22d. PHYSI	CIAN'S NAME (TYPE OR	PRINT)	/ *[	PHYSICIAN 22e ADDRESS	A T DIRECTOR E	PHYSICIAN	NA I	- 01	0 100
'KA	RON M	CHAMBUSS		Francis	Scott	Cey 1	ledie	al (	enles
(ERECHIN)		= 1-1		METERY OR CREMATOR	RY 23d. LOCAT	ION R LOWN	102 %4	UNIV TI-	STATE
	urial	5/8/85 0	ak Lo	wn Cemete		imore			
NAME	RECTOR John A	Moran, Inc		100	MARECID. BY RE	GISTRAR 25b.	REGISTRAR'	SSIGNAT	URE P
3000 E	. Baltimo	ore St.,; Bai	lto.,	Md. 2122	VAAY 6	986	D. Colonia	49	

DHMH - 16 50M 4/83 (VRA 15, 4)

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retained by the haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and a should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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N OF VITA ICATE SHO THE WORD DUE BE US STAKENT OF R TO BURIA	L CERTIF	210. EXTERNA	L CAUSE WAS	21b. TIME OF HOUR A.M	INJURY L. MONTH DAY Y	EAR 21c H	OW INJURY OCCURRE	D (ENTER NATURE OF IN	JURY IN ITEM 18 PART	1 OR PART 2	YES [	NO <b>(X</b> )
CERTIF CERTIF TING DED TO DED TO DEPAI DEPAI DEPAI	MEDICA	CONTRIBUTION CONTR	NG CAUSE OF D	21e PLACE	DE INJURY (AT HOME FORY, FARM, ETC.)	, 21f LC	CATION	CITY OR TO	wn	COUNT	Υ	STATE
CAL EXAMINER: THE CERTIFICATE RAILUD BE FOR RAIL WITH THES RE, MARYLAND,		22a. I centil death resulte ACTUAL SIGNATURE	y that I taak charge ad fram: Natura	il couses XI.	Accident , M	Suicide	Hamicide , TITLE (SPECIFY) Assistant	Undetermined m	anner ,	DATE	5-8·	-85
TO MEDI EXECUTE PAGE 4 TO FUNE AFTER DE BALTIMO	23a.Bl	EXAMINER'S (TYPE OR PRIN PRIAL, CREMA'	ION, REMOVAL 23	b DATE	23c. NAME OF	CEMETERY C	ADDRESSR CREMATORY	123d. LOCATION		COUNTY		STATE
07/84 BP			TOR	5/15/19	85 Sunse	et Mer	norial Pk		delphia			a.
DHMH - 17 (VR A15 ME (5))	F	lemin	Barnes Funera	Servi	ce-Benso	on, M	d. MAY 1	O 1985	Ma Davids	on-Ma	nder	77

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oy be oge 3 deoth	(TYPE	CEASED NAME OR PRINT) Louis Lea	FIRST A.	Var	andingha	n-	AST	20. DATE OF DEATH	MONTH DAY	85	1:00 P M
T 70	3. SE	Male		RACE B <b>lack</b>		5. DATE C	0F BIRTH -28-95 YEAR	6. AGE (IN YEARS LAST BIR)	YRS.	JNDER I YEAR	HOURS MIN.
deoth. Page		RTHPLACE (STATE OR FO Country) . Carolina	DREIGN 7b.	USA	WHAT COUNTRY?	8. MARRIEI WIDOWE	D NEVER MARRIED D	Baltimore city o		DEATH	MD.
by the lifed w		TY OR TOWN OF DEA	ŤH 11.		OSPITAL, NURSIN H FACILITY, GIVE STREET / IS SCOTT		OR OTHER INSTITUTION	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF RETITED	ON F WORKING LIFE)	12b. KIND O INDUSTRY	F BUSINESS OR
filled in ould be f	13a. S	AL RESIDENCE HE NURSH STATE Md.	NG HOME OR OTH 13b. COUNTY	IER INSTITUTION.	131. CITY OR TOWN	ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 2009 JOS	zıp.cobe eph Ave	212	.25
ampletely ond 2 sh	14. FA	THER'S NAME Logan	Vanland	ingha	n LAST		15. MOTHER'S MAIDEN NAM	Valvla Willigh		ĹAS	T
ond co	16a V	VAS DECEASED EVER I YES, NO OR UNKNOWN) YES	NU.S. ARMEI	D FORCES? AR OR DATES)	216-10-9		Nathaniel V	ADDRE anlandingha			
is that the death certificate be ed by the ottending physician lease remove carbon papers. Tol, cremation, or removal. or other traumatic event, then		18. CAUSE OF DEATH PART I. DEATH W. Conditions, if ony, gove rise to imm couse (o), stoting underlying couse	which ediote	DUE TO, OF	Cardio R AS A CONSEQUE R AS A CONSEQUE	NCE OF	nary Arrest			BEIWEIN	MATÉ INTERVAL ONSET AND DEATH
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OR ATTENDING PHYSICIAN: The la e hospitol or ottending physicion. DIRECTOR: After this certificate hos sched for use as the buriol-transit per Dept. of Health and Mental Hygiene f them 21 is marked or Item 18 shows	MEDICAL CERTIFICAL	21a. ACCIDENT WAS UNDION CONTRIBUTING CONCRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF GEATH ALEXAMINER) ED	P./ 21e. PLACE (	M. MONTH DA M.	19	216. HOW INJURY OCCURR	YES NO CITY OR TO	YES [		NO _
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		22d. PHYSICIAN'S NA	ME LIVE OR DE	est of	when	p	ATTENDING PHYSICIAN	MEDICAL STAF	F IAN	5/	15/85
TO HOSPITAL TO FUNERAL Should be dete	22 .		Rober		Tisher 1330	IAME OF F		Ave. Baste	more, M	1 213	224

24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4)

Chass. A. Rice FSPA I300 Eutaw Pl,

23b. DATE 5-2**1**=85

23a. BURIAL, CREMATION, REMOVAL

Burial

23d LOCATION
LAUTET P.G. Md OUNTY 23c NAME OF CEMETERY OR CREMATORY Md. National Park BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE

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15 April 1 - 1 20 20 20 1 4 20

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					E OF MARYLAND			
45 1	FOR - STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYGICATE OF DEATH	REG. N	10.	3
	ECEASED NAME	FIRST	MIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR
2	JA1	mes A.	VANI	VIS	SON	5-8	-85	5:3
1 5	EX	4 RACE		S. DATE C		6. AGE IN YEARS LAST BE		RIYEAR IF UNDER 24
1 "	MALE	T	LACK	08	II 22	62	YRS	DAYS HOURS
g 8 7a.	BIRTHPLACE (STATE OR F	OREIGN 76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY		ATH
2 537	INCh hera	VA III.	SIA	WIDOWE		Baltin	MORF	City
8 10	CITY OR TOWN OF DEA			HOME C	R OTHER INSTITUTION	120. USUAL OCCUPAT		KIND OF BUSINES
Bar To E	BAITIMOR	AHOLI BS	DEAT	ON	MediCAL CEN	(TYPE OF WORK FOR MOST	OF WORKING LIFE) [IND	JUSTRY
130 USI	UAL RESIDENCE (IF NURS . STATE	ING HOME OR OTHER INSTITUTION	13c. CITY OR TOWN		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS		
14. F	MD.	Da140"	BALTO.		YES NO 🔀	6MC CHU	RCH CT.	21133
14. 6	FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAST
C S S W	ALTER		VANNISC	И	LILLIAN			
2 16a	WAS DECEASED EVER	IN U.S. ARMED FORCES?	166 SOCIAL SECUR	ITY NO.	17 INFORMANT	ADDR	ANDALLS'	TOWN. ME
E .	YES		226-18-8	3 1 4 0	DOROTHY LE	SANE 6 MC	CHURCH	CT. 21
iol, cremotion, or removo or other troumotic event,	Conditions, if ony, gove rise to imm couse (a), stotin underlying "cause	DUE TO, C which hediote g the lost (c)	DR AS A CONSEQUEN	CE OF		unimus		144.
injury, or o		HIFICANT CONDITIONS C	CONTRIBUTING TO DI	EATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	IDITION GIVEN IN I	PART Ita
ws ony	190 DATE OF OPERAT	TION 196. CONE	DITION FOR WHICH O	PERATIO	N WAS PERFORMED	200 AUTOPSY?		FINDINGS USED CAUSES OF DEATH NO
			OF INJURY I.M. MONTH DAY	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART 1 OR	PART 2)
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0 %	21d INJURY OCCURE WHILE NOT WH AT WORK AT WOR	(AT HOME S	OF INJURY TREET, FACTORY, OFFICE, FA	RM, ETC )	STREET	CITY OR TO	OWN CO	UNITY STA
of Health		(this haspital) attended		85,00	d that in (my) (aur) opinion	death occurred on the o	ote and hour and f	, that (1) (we
T: If Hem 2	22b. SIGNATURE	(id) (to a not) view the bod	y after death.	5	DEGREE ATTENDING PHYSICIAN [	MEDICAL STA	FF	5/8/80
PORTAN	22d. PHYSICIAN'S NA	DLCDD	MD		22e ADDRESS	Sto Sto	of Balti	16280 71

23c NAME OF CEMETERY OR CREMATORY

GARRISON FOR. VET.

DHMH - 16 50M 4/B2

24 FUNERAL DIRECTOR LEROY O. DYETT 4600 LIBERTY HGTS. AVE. (VRA 15, 4)

236 DATE

5 - 13 - 85

230 BURIAL, CREMATION, REMOVAL

SPECBURIAL

23d LOCATION
CITY OR TOWN
CEM. OWINGS MILLS, MD.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
MAY 10 1985 Fulia Saindson-Pand Filia Davidson Pandell

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

(3)	Am.	1	1	12	1	
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	1 -	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO	1 4	3	2
		CEASED NAME FIRST EDIV	A HEL			IVER		-	85 4:	30P.
	3 SEX		1. RACE CAVCAS	•	S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER		FR 24 HRS
3		RTHPLACE (STATE OR FOREIGN OUNTRY)  MARYLAND	76 CITIZEN OF WI		MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF			MD.
3	re cr	Baltimore	(IF NOT IN SUCH F	ACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	170 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF HOMEMAKER	WORKING LIFE) INDU	IND OF BUSIN	IESS OR
	13a. S	1,		VE RESIDENCE BEFORE 3c. CITY OR TOWI Glen. B.	N .	YES NO 🔀	-	ZIP CODE Ave SW	210	061
4		THER'S NAME FIRST  George	MIDDLE	TURNE		Genevieve	AE MIDDLE ADDRES		MAN	
2		VAS DECEASED EVER IN U.S. AR ES NO OR UNKNOWN) (IF YES, GI'	VE WAR OR DATES)	66 SOCIAL SECU 214-03-6		Oliver VAM		A in Ave	5. w Gl	u Bum
,	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stofing the underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION	CONDITIONS CON	rgesti	SEATH BUT	Le multi NOT RELATED TO THE TERM SLEAT TO N WAS PERFORMED	MALDISEASE OR CONTO	OITION GIVEN IN PA		
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.	MONTH DA		21c. HOW INJURY OCCURR	YES NO DED (ENTER NATURE OF INJUR	YES T	NO ART 2)	
	MEDICAL	(IF SITHER, NOT IFY MEDICAL EXAMINE  21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF		19 ARM, ETC )	211 LOCATION STREET	CITY OR TOW	vn cour	NIY	STATE
		27a I certify that (I) (the hosp saw the deceased alive or obove, (I) (we) (did ) did not 27b. SIGNATURE		00		DEGREE  ATTENDING PHYSICIAN	, to	te and hour and fro	that (1) om the causes s	stoted
1		27d PHYSICIAN'S NAME (TYPE of Mull	ORPRINTI)  E. Klui	Fas, mi	n	22e ADDRESS	anover stre		nore, 13.	10.
	- 1	URIAL, CREMATION, REMOVAL SPECIFY) BURIAL	23b. DATE 05-13-8			ON PARK	23d. LOCATION CITY OR TOWN BALT IMORE	E CITY COUNTY	MA	ARYLANI
	24 FL	INERAL DIRECTOR	*			21229 25a. DAT	E REC'D. BY REGISTRAR	156 REGISTRAR'S SI	GNATURE	

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shaws ony injury, or ather traumatic event, the medical from

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

MAY 1 0 1985 June Davidson Mandale

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ONT (		CEASED NAME FIRST ALICE	WIDDIE	Verill	20. DATE OF DEATH MONI	
ge 4 mo) ector. po	3. SE	EMALE	RACE CAUCASIAN	S. DATE OF BIRTH		MONTHS, DAYS HOURS MIN.
The state of the	MA	SSACHUSETTS	76. CITIZEN OF WHAT COUNTRY? USA	8.  MARRIED A NEVER MARRIED  WIDOWED DIVORCED	BALLIMOKE	CITY MD.
3/	B	TY OR TOWN OF DEATH	PRANCTS SCOTT	G HOME OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WOR	
(AB) E		AL RESIDENCE (IF NURSING HOME OR ARYLAND BALL	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TIMORE PERREY			
1/3	1	THER'S NAME FIRST  FEORGE	MIDDLE LAST PARKER	15 MOTHER'S MAIDE FIRST T.ENA	MIDDLE A D	TÆR
n ond r. Poges	16a. V	VAS DECEASED EVER IN U.S. ARI	MED FORCES? 166. SOCIAL SECU E WAR OR DATES) 2121244		VERILL 1800	HINES LANE
rithicate by physicio on popers emovol.	Г		ly one couse per line for (a), (b), one DBY: E CAUSE (a)	úlmonary a	rrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the death ce the ottending remove corb emation, or r er froumatic		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF Hersion		3 day
thot d by eose of, cr		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	aidial infarc	tion	3 days
requires sen signer t. Then ploor to buriny, o	TION				TERMINAL DISEASE OR CONDITION	
N. The low renysicion. icote hos been ronsit permit. Thygiene prior. 18 shows ony in	CERTIFICATION	19a. DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO	. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
SICIA ng pl certif certif entol	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	Y YEAR	CCURRED (ENTER NATURE OF INJURY IN I	TEM 18 PART I OR PART 2)
NG PHY ottendil otter this os the bu th ond M orked or	MED	21d. IN JURY OCCURRED  WHILE ON TWHILE OF ATWORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	1 1 22	CITY OR TOWN	COUNTY STATE
ATTEND osspitol o		sow the deceased alive on above, (1) (we) (did) (did no	tol) oftended the deceosed from  19 May 2 19 K  1) view the body ofter death		pinion death occurred on the date o	nd hour and from the causes stated
SPITAL OR J by the ho NERAL DIRE be detoche e Stote Dep TANT: If Itel		226. SIGNATURE  MCheline  226. PHYSICIAN'S NAME (TYPE)	Mc Carthy	DEGREE ATTENDI PHYSICI 22e ADDRESS	NG MEDICAL STAFF	× 5/2/85
TO HOSPITAL retoined by the TO FUNERAL should be det with the Stote IMPORTANT:		Micheline N	1c Carthy	Francis Sc	cott Key Med Cen	ter Baltimore Mc
BP		BURIAL CREMATION, REMOVAL	11 10	LLY HILLS	BALTO.	BAITO MD
DHMH - 16 50M 4/83 (VRA 15, 4)	6	JINERAL DIRECTOR	ADDRESS 12()		MAY 3 1985	

John C. Miller Inc-6415 Belair Rd. -21206

	1			STATE OF MARYLAND	46		3 3
26	1.	FOR STATE	DE	PARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH		1 4 3	
X		REGISTRAR  EASED NAME FIRST OR PRINT)	MIDDLE	LAST	REG. N 26. DATE OF DEATH	O.  MONTH DAY YEAR  1966	26 HOUR
P)	3. SEX	518	F M.	S. DATE OF BIRTH	May	40 110)	# UNDER 2
/	F	emale	White	MONTH DAY YEAR SENT 0,2 196	70	YRS MONTHS DAYS	HOURS
way L	. 5	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIED NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DEATH	
15 L		Y OR TOWN OF DEATH		WIDOWED DIVORCED	12a USUAL OCCUPAT		OF BUSINES
10		Baltimore /	Good Samar	itan Hospital	Retired	Home	4
1535	13a S	LRESIDENCE (IF NURSING HOME ON ATE 13b, COUN	ITY 136. STY O			rran Road	2/2
· E	-	HER'S NAME	MIDDLE LA	15 MOTHER'S MAIDEN	NAME	LA LA	ST.
0 30	16- 10	AS DECEASED EVER IN U.S. AR	Litt	le Eliza	beth Moore		
medico			E WAR OR DATES) 212	1. INFORMANT 74-3693 Irving D. G			0/2
the the		18. CAUSE OF DEATH (Enter on	ly one cause per line for (a),		70. 70.	APPRO) BETWEEN	MATE INTERV
event, the		PART I. DEATH WAS CAUSE IMMEDIAT	E CAUSE (a) Cara	liopulmonary Failure			
	0		DUE TO, OR AS A CON	SEQUENCE OF			
r traumotic		Conditions, if ony, which gove rise to immediate	( b) Seption	e Shoele			
or other t	Q	couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CON	ISEOUENCE OF			
ō			ONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RELATED TO THE T	ERANINAL DISEASE OR CON	IDITION GIVEN IN PART 1	
njury.	NO	Rheumatoid A	thritis	TO TO DEATH OUT NOT RELATED TO THE	ENVIRONDE ON CO.	DITION OFFER IN FART IS	
oux	CERTIFICATION	90. DATE OF OPERATION		WHICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDS	NGS USED
3 6	TIE				YES NO	YES	NO [
18 4		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR	CURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)	
ked ar Item 18 sho	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	11 (em 5	26 1985			
o p	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)  211. LOCATION STREET	CITY OR TO	OWN COUNTY	STA
~		220.] certify that (I) (this hospi	tal) attended the deceased	from May 2/ 10 6	55 10 May 26	10.85	that (I) (we
mor			may 76	0 (- '	nion death occurred on the d	ote and hour and from the	
is mor		saw the deceased olive on					
21 is mor		obove, (I) (we) (did) (did no 22b. SIGNATURE	t) view the bady after death.	DEGREE		22c. DATE	SIGNED
If Item 21 is mor			view the body after death.	DEGREE ATTENDIN PHYSICIA	G MEDICAL STA	FF _/ ha.	26,19
NVT: If Item 21 is m			iao	ATTENDIN PHYSICIA	N DIRECTOR PHYSI	FF May	26,19
INT: If Item 21 is mort		22b. SIGNATURE Robert Hs	R PRINT)	M.D. ATTENDIN PHYSICIA  22e. ADDRESS  5601 L	och Raven B	FF May	26,19. Sam H
MPORTANT: If Item 21 is mort	23a B	220. SIGNATURE  Robert Ho 220. PHYSICIAN'S NAME (TYPE O	R PRINT)	ATTENDIN PHYSICIA	och Raven B	FF May	26,19 Sam H

cis anthe naveni hitasi 1.00 277: 3 wine . wei - 21 man .. - 112 me is one constant 'or . iteer inc-1/5 plain i.-1/205 149131

ond completely filled in by the Poges / ond 2 should be filed

on popers. Poges

10 FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician

should be detoched for use as the burial-fransit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

-	1 -	FOR STATE REGISTRAR			DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL I ICATE OF DEATH	HYGIENE	8 5 REG. NO	. · ·	4 3	1	5
		CEASED NAME	FIRST	MIDDE	E		AST	26. DA	TE OF DEATH	MONTH DAY	YEAR	26. HOU	E-
			ROARA	ANN		ALI				0/25	52	3.0	LIM
1	3. SE)	_	4 RAC	E		5. DATE C			(IN YEARS LAST BIR	THDAY) IF I	INDER I YEAR	IF UNDER	24 MRS MIN.
1		EMALE		Whit	100	8	7-8-36		18	YRS			
1	) (	RTHPLACE (STATE OF F		IZEN OF WHA	T COUNTRY?	MARRIE	NEVER MARRIED	<u>'</u>	TIMORE CITY O				
4		ORTH CAR	OLINA	AME OF HOSE	SITAL NILIBEIN	WIDOWE	D DIVORCED OR OTHER INSTITUTION		ALTIMOI		12b KIND C	E DITCINIE	MD.
34	R	BALT MO	, Br	N Sec	LITY, GIVE STREET	2000	W. BATTS 1216	103 TYPE C	ITRESS		INDUSTRY	TAUR	
2	13a. S	AL RESIDENCE (IF NURS	136. COUNTY	13c.	RESIDENCE BEFOR	N	13d INSIDE CITY LIMITS		REET ADDRESS				
10		RYLAND	21201	. <u>B</u>	BALTIMO	ORE	YES XX NO 🗆	11	38 WES!	PRAT	T ST	. 2	1201
	14. FA	THER'S NAME	MIDDLE		LAST		15. MOTHER'S MAIDEN		MIDDLE		LAS		
20		ALLEN			WHEEL		FANNI	E	ADDRE	- C C	TO:	LLAR	D
1			(IF YES, GIVE WAR O		SOCIAL SECU	RIIY NO.	17 INFORMANT						
0		NO  18 CAUSE OF DEATH W		•			MRS. FANN	VIE A	DAMS R	ALTECH		RAHC IMATE INTER ONSET AND	
ny injury, or other froumotic	ATION	Conditions, if ony, gove rise to imm couse 101, statin underlying couse  PART 2. OTHER SIGN	which nediate ig the lost.  NIFICANT CONDITIONS CONDITI	(b) I JE TO, OR AS	A CONSEQUE A CONSEQUE SELA RIBUTING OL	NCE OF	McCartal  20 40  NOT RELATED TO THE T  LA LAG  WAS PERFORMED		of Clsic GATIN SEASE OR CON AUTOPSY?	20b. IF YES, V	VERE FINDI	VGS USED	
2	CERTIFICAT	2/6/83/	4/23/85	old	bu Hive	Ca	of oes Muy	YES		IN CERTIFY IN YES [		OF DEAT	
9		21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEATH	D. TIME OF IN. HOUR A.M. P.M.	MONTH DA	YEAR	es/A. In The	CORRED (EN	ITER NATURE OF INJU	RY IN ITEM IS PART	(ORPARIZ)		
orked or	MEDICAL	WHILE NOT WE AT WORK	THE T	B. PLACE OF IN THOME, STREET, F	YJURY ACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET		CITY OR TO	WN	COUNTY	5	TATE
Z 1 is mo		22a. I certify that (I) sow the decease obove, (I) (we) (c		C/25/1	7 19_	2/3	nd that in (my) (our) open	nion death o	ccurred on the de	, 19 ote and hour a	v J	that (1) (v	
E		22b. SIGNATURE	Man	1-1			DEGREE ATTENDINI PHYSICIAI	G MED	ICAL STA		5 /	SIGNED 25	85
APOKIA		22d. PHYSICIAN'S NA	AMERICA OR PRINT	OLI	DES		22e ADDRESS						

BP.

etoined by the hospital

HOSPITAL

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DHMH - 16 50M 4/83 (VRA 15, 4)

236 BURIAL, CREMATION, REMOVAL BURIAL

WILLIAM E. JOHNSON8521

236. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

COUNTY

STATE

24 FUNERAL DIRECTOR

MAY28. 185 MAPLEWOOD CEMETERY

CLAYTON, NORTH CAROLINA

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

LOCH RAVEN BLVD

La Varidian Bonda 10

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## 1 - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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O FUNERAL DIRECTORING Stoke Stoke Dept. MPORTANT

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

						KEG. NO	J.				
	CEASED NAME FIRS	1	MIDDLE	L	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR		
(14h)	OR PRINT)	bort		- 1	109	5	- 28-	-85	18,151		
1. SE	X	4. RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS		
	Male	1	/hite	WENTH	DAY YEAR	8	) MC	MIHS DAYS	HOURS MIN.		
-	. 1	V\		8	-73-1902	00	YRS				
	RTHPLACE (STATE OR FOREIGH	N CHIZEN OF	WHAT COUNTRY?	MARRIEI	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	F DEATH	1 1.		
6	ermany =	US		WIDOWE	D DIVORCED	Bal	rimo	re (	177 MI		
10. C	TY OR TOWN OF BEATH				OR OTHER INSTITUTION	120 USUAL OCCUPATI			OF BUSINES OR		
Ва	ltimore '	ST C	CH FACILITY, GIVE STREET A	1 4	OSPITAL	Butcher	F WORKING LIFE)	industry meat	t packin		
45.11	AL RESIDENCE (IF NURSING HI	E OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		US PIT PIC			1			
13a S	TATE _ HALL	Itimore	13c CITY OR JOWN		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE				
Ivid	ryland Ba	rchiore	Arbutus		YES 🗌 NO 🖰	1217 Stev	rens Av	enue_	21227		
M. FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME		LA.			
Mi	chael Vogl	MIDDLE	EM31		Rosina Gü			Ĺ.A.	31		
	VAS DECEASED EVER IN U.	S. ARMED FORCES?	166 SOCIAL SECUR	ITY NO.	17 INFORMANT	ADDRE	SS				
P	S. NO OR UNKNOWN) (IF Y	ES, GIVE WAR OR DATES)						_			
nc			212-09-9	516	Mrs. Mary Vo	gl 1217 St	evens				
	18 CAUSE OF DEATH (En		r line far (a), (b), and	(C).	9 1			BETWEEN	XIMATE INTERVAL ONSET AND DEATH		
	PART I. DEATH WAS C	AUSED BY. EDIATE CAUSE (a)	Kespitt	7 rd	failure	-					
	07071				1	1	+ 1				
	Candidan is		RAS ACONSEQUE		aspra	tions in	The W	ing			
	Conditions, if any, which gove rise to immedia				0000			+ +			
	cause (a), stating the	100010,0	R AS A CONSEQUE	mana sta	To ho						
	onderlying cause ia	underlying cause last. (c) Massive 3/70 CC									
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
ö	Car	del	amy	mus	D) '						
MEDICAL CERTIFICATION	90 DATE OF OPERATION	196 COND	ITION FOR WHICH O	PERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDI			
분								NG CAUSES	S OF DEATH?		
B.		0. 57	VE ILLIADY		Tall HOW IN HURY OF SURE	YES NO	YES		ио 🗌		
C	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE	110110 4	.M. MONTH DA'	Y YEAR	216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)						
Z	(IF EITHER NOTIFY MEDICAL EX		Μ,	19							
O.	21d INJURY OCCURRED		OF INJURY		211 LOCATION	CITY OR TO		COUNTY	STATE		
2	WHILE NO! WHILE	[AT HOME ST	REET, FACTORY, OFFICE, FA	RM, ETC )	STREET	CILACKIO	WIN	COUNTY	STATE		
	AT WORK			-	185	6 18	7	P			
	27a I certify that (I) (this	500	ne deceased from	7	. 19		, 19	, 03	that (I) (we) last		
	saw the deceased ali abave, (1) (we) (did) (d		after death	,\an	nd that in (my) (per) opinian a	death occurred at the do	ate and hour	and fram the	couses stated		
	226. SIGNATURE	1			DEGREE			22c DATE	SIGNED		
	Yung 2	allam of	Ma		ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC		1 5/2	28/85		
	22d. PHYSICIAN'S NAME	TYPE OR PRINT)			77e ADDRESS	J CZCTON [] THIOC		-			
	200000	TIT AAA	MITTO	de		omen Henri	1				
	LYULUSA	0 1 1001	11/1/1	-11	St. A	ignes Hospit	aı				

DHMH - 16 60M 7/B4

(VRA 15, 4)

Burial
24 FUNERAL DIRECTOR Ambrose Funeral Home

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

6/1/85

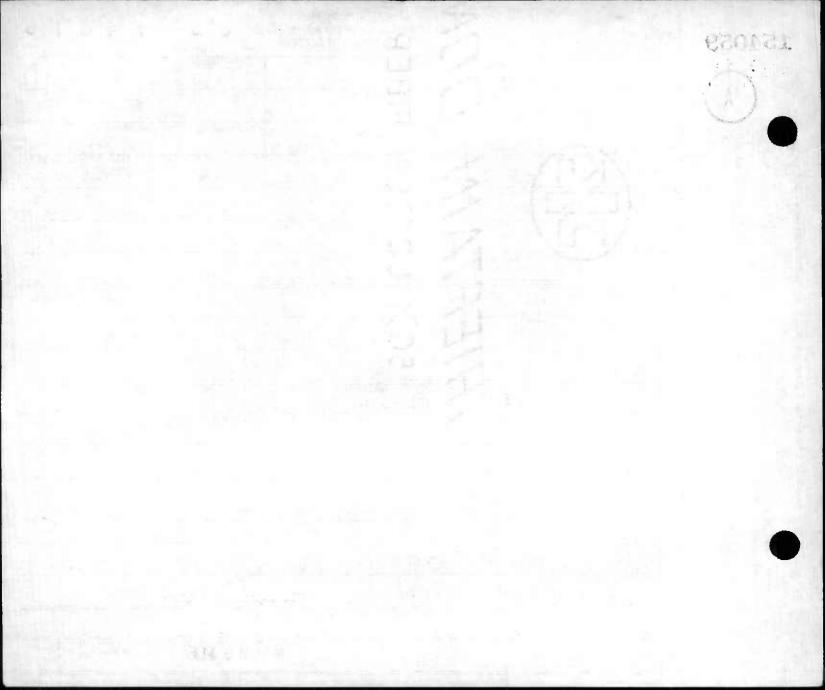
23b. DATE

1328 Sulphur Spring Road

23c NAME OF CEMETERY OR CREMATORY

d. LOCATION CITY OR TOWN

STATE



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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h retained by the haspital or attending physician.
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BP\_\_\_\_\_ DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funer should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages Fand 2 should be filed within 7 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be mainted or

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-	_				
3	5	4	3	1	1
	DEC NO				

1	REGISTRAR				CERTIF	ICAIE OF DEAL	н	REG. N	O.		
	ECEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF DEATH	MONTH	OAY YEAR	2b. HOUR
(TYP	PE OR PRINT)	Marie	2	Υ.	VonK	essler		MAY	7	85	100 m
3. SE	EX		4. RACE		5. DATE C	OF BIRTH		. AGE (IN YEARS LAST BIR	THDAY	IF UNDER 1 YEAR	
1	Female		White	9	Oct.		PEAR 199	85	YRS	MONTHS BAYS	HOURS MIN.
70. B	SIRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF		RY? 8	D NEVER MARR		BALTIMORE CITY		Y OF DEATH	
15	Florida	a	U:	SA	WIDOWE			Baltimor	e Ci	ty	MD.
10,0	ITY OR TOWN OF	DEATH		HOSPITAL, NUI		OR OTHER INSTITUT	ION	120 USUAL OCCUPAT			OF BUSINESS OR
	Baltimo	re /				Hospital		Homema		-	Home
	JAL RESIDENCE (F)	NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BE		13d. INSIDE CITY LI	AAITS 2	13e STREET ADDRESS	/ 71P COD	E	
130.	MD	Balt		Glenc		YES NO		1510 Gle			21152
14. F	ATHER'S NAME					15. MOTHER'S MA	DEN NAM	Œ			
1	Evere		MIDDLE	Yon		Leila		WIDDLE		McK	niaht
	WAS DECEASED E	VER IN U.S. AR		166 SOCIAL S	ECURITY NO.	17. INFORMANT		ADDR	ESS	741014	Trugite
	(YES, NO OR UNKNOWN	(IF YES, GIVI	E WAR OR DATES)	50 S		Dr. Kir	by L	. C. Vont	<b>Kessl</b>	er, S	Sarne
	18. CAUSE OF D	FATH (Enter on	ly one couse ne	line for (n) (b)	ond (c)			*		APPRO)	XIMATE INTERVAL ONSET AND DEATH
	PART I. DEAT	H WAS CAUSE	D BY:	record		aurest					
		IMMEDIAI		- 10		A.A.I.I.					
	6 (0)		DUE TO, O	R AS A CONSE	QUENCE OF						
	Conditions, if		(p)_								
	couse (a), stating the DUETO, OR AS A CONSEQUENCE OF										
	underlying couse lost. (c)										
7	PART 2. OTHER S	SIGNIFICANT	CONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO T	HE TERMIN	VAL DISEASE OR CON	DITION GIV	VEN IN PART 1	lov
CERTIFICATION	Poss		itra cereb			ypotien ston		esible sep			
S	190 DATE OF OPE	RATION	19b. COND	ITION FOR WH	IICH OPERATIO	WAS PERFORME	D .	200 AUTOPSY?		S, WERE FINDI	
E			E EXWA	2				YES NO	Y	ES	NO 🗌
1	210. ACCIDENT WAS			F INJURY	DAY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
1	OR CONTRIBUTING		in in	M.	19						
MEDICAL	21d INJURY OCC		21e PLACE	OF INJURY		211. LOCATION	120	CITY OR TO	)WN	COUNTY	STATE
E	AT WORK	T WHILE	(AI HOME SI	REET, FACTORY, OFF	TICE, FARM ETC)	,		1.			
	220 I certify tho	t (1) (thi hospit	tol) ottehded th	ne deceased tro	om_5/	, 19	200	_, to 5/7	,	19 04	that (i) ( lost
10	sow the dec	ased alive on	t) view the body	ofter death	9 05.0	nd that in (my) OUT	opinion de	eath accurred on the d	ate and how	ur and from the	couses stated
1	22b. SIGNATURE	errain rain	7	)		DEGREE			11111	22c DAJE	ESIGNED
	m. 7	Evel y	audi	ann	mo	ATTEN PHYS	IDING	MEDICAL STA		5/7	7/85
	22d. PHYSICIAN	S NAME (TYPE O	R PRINT)	0		22e. ADDRESS					
	Dr.	M. Kei	ith Rav	wlings		Union	Memo	orial Hos	pita	1	
23a	BURIAL, CREMATIC					EMETERY OR CREM		123d LOCATION	-		
	Crematio		5/8/	The Part of the Pa		Mount		Balto.		COUNTY	AD STATE
	FUNERAL DIRECTO						250. DATE	REC'D. BY REGISTRAR	255 REGIS		
	905 York	Poad	W. J	, MD	212	12	MAY	1 0 1985		" risidama -	
THE	NIO I OUN	Noau	Daire	9 1711				0 1000			

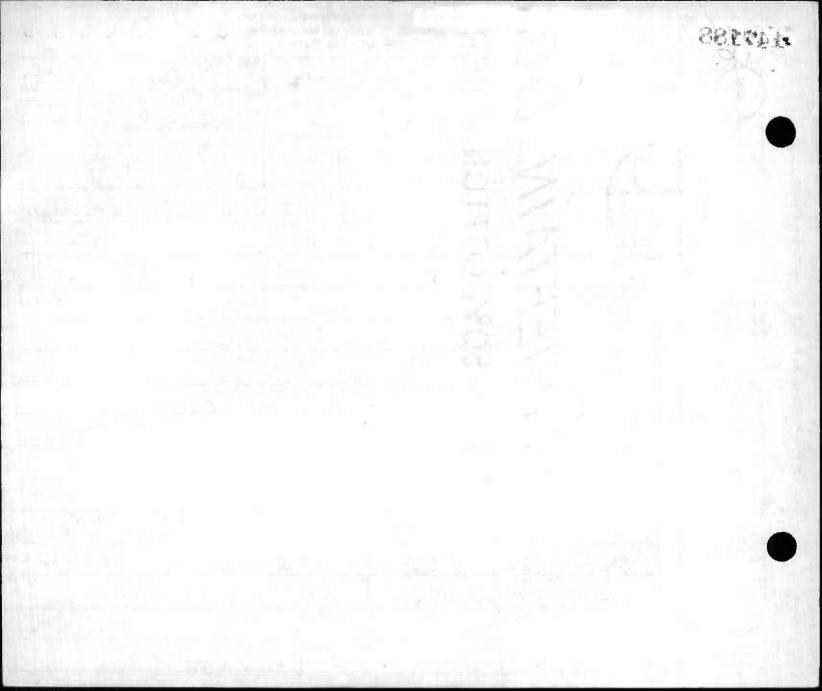
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choling the deroched for use os the manager permit. Then preose remove coroonpopers, roges, and second preose remove coroonpopers, roges
TO FUNERAL DIRECTOR: After the contribute has been signed by the ottending physician and completing filled in by the funeral direction and
retained by the hospital or attending physician.
TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours often death. Together

ľ	I. DECEAS		FIRST	oces	WIDDLE	von s	Schulz Schulz	20 DATE OF DEATH	May 29	X AT S	HOUR
1	3 SEX			RACE		5. DATE C	E BIRTH	6 AGE (IN YEARS LAST BI		UNDER I YEAR IF	UNDER 24
L	, I	Female		Cauca	asian	10	DAY 1 1 9 20	64		VIHS DAYS H	OURS A
1	COUNT	PLACE (STATE OR F	OREIGN 7		WHAT COUNTRY?	? 8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF	FDEATH	
4		ryland  OR TOWN OF DEA	711		States	WIDOWE	DIVORCED DIVORCED		imore (		
9	Bal	ltimore		St.	Agnes Hos	spital	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST O Secretar	OF WORKING LIFE)	12b KIND OF B	USINESS
3	130 STATE	esidence (# NURS) E ryland	136 COUNT	imore	GIVE RESIDENCE BEFOR	WN _	13d INSIDE CITY LIMITS?	3519 Milf	ZIP CODE	ll Rd.	2120
d	FATHER	R'S NAME William	м	IDDLE	Sinr	nott	15. MOTHER'S MAIDEN NAME Louisa	ME (Ada	ms)	Sinno	ott
5		DECEASED EVER		ED FORCES?	166 SOCIAL SECI	URITY NO.	17 INFORMANT Mr.		Vin Von	Schulz	Jr.
4		no	VII 163, OIVE	WAR OR DATES)	213-14-	-4701	3519 Milfor	d Mill Rd.	Baltim	nore, MD.	
	Coo	part I. DEATH W. productions, if only, over rise to immuse (o), stoting derlying couse	AS CAUSED IMMEDIATE which nediote g the lost.	DUE TO, O  DUE TO, O  (c)	RAS A CONSEQUE	JENCE OF	ratory send membra	Jailma unom C	olitis	APPRÓXIMA BETWEEN ONS	E INTERVAL
9	Col go	part I. DEATH W. productions, if only, over rise to immuse (o), stoting derlying couse	AS CAUSED IMMEDIATE which nediote g the lost.  HIFICANT CO	DUE TO, O  DUE TO, O  DUE TO, O  CONDITIONS CO  CONDITIONS CO	R AS A CONSEQUENTRIBUTING TO	JENCE OF  DEATH BUT	Dend months  NOT RELATED TO THE TERM  Tastans  N WAS PERFORMED	to lus 200 AUTOPSY?	I LERTIFY IN	IN PART TO	S USED F DEATH?
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	CERTIPICATION CERTIPICATION CONTRACT CO	part I. DEATH W.  productions, if ony, ove rise to imm use (o), stotini derlying couse  RT 2 OTHER SIGN  ACCIDENT WAS UND  ACCIDENT WAS UND  CONTRIBUTING C  FEITHER NOTIFY MEDIC	AS CAUSED IMMEDIATE which nediote g the lost.  HEICANT CC CCLL ION  AUSE OF DEATH (AL EXAMINER)	BY CAUSE (0) DUE TO, O (b) DUE TO, O (c) DUE TO, O (c) PODDITIONS CO 196 COND 196 COND HOUR A. P.	R AS A CONSEQUENT R AS A CONSE	JENCE OF  JENCE OF  DEATH BUT  HOPERATION	N WAS PERFORMED  216. HOW INJURY OCCURE	ZOG AUTOPSY?  YES NO	Mb. IF YES, W I'M CERTIFY IN YES [	IN PART 110 VERE FINDINGS GC AUSES OF	S USED C DEATH?
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Î	MEDICAL CERTIFICATION  ALTON	part I. DEATH W.  productions, if ony, over rise to imm use (o), statin derlying couse  RT 2 OTHER SIGN  ACCIDENT WAS UND  ACCIDENT WAS UND  CONTRIBUTING COURT  SILL NOT WHA LINDRY OCCURR  SILL NOT WHA LINDRY OCCURR  I Certify that (I) Sow the decease obove (I) (we) (d)	AS CAUSED IMMEDIATE  which nediote g the lost.  HIFICANT CO  LIENTING AUSE OF DEATH AL EXAMINER)  LIED   DUE TO, O  (c)  DUE TO, O  (c)  DUE TO, O  (c)  DUE TO, O  (c)  PRINTI  DUE TO, O  (d)  DUE TO, O  (d)  DUE TO, O  (d)  POPER TO, O  (d)  DUE TO, O  (d)  DUE TO, O  (d)  DUE TO, O  (d)  POPER TO, O  (d)  DUE TO, O  (d)  DU	R AS A CONSEQUENT OF INJURY M. MONTH D M. OF INJURY RET. FACTORY, OFFICE  e deceosed from 2 Contribution of Injury RET. FACTORY, OFFICE  of the decent of Injury  of the de	DEATH BUT  DAY YEAR  19  FARM ETC)	21c. HOW INJURY OCCURE  21t. LOCATION  STREET  19  d thot (m/m) (our) opinion of DEGREE  ATTENDING	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUITY OR TO A deoth occurred on the decomposition).	HID. IF YES, WIN CERTIFY IN YES [ RY IN ITEM 18 PART	IN PART ITO  VERE FINDINGS  NG CAUSES OF  I OR PART 2)  COUNTY  After the country of the country	S USED P DEATH? NO STATI	

DHMH - 16 60M 7/84 (VRA 15, 4)



mpletely filled in by the funeral directar, page 3 and 2 should be filed within 72 hours after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval IMPORTANT. If them 21 is marked or Item 18 shows ony injury, or other troumatic event, t

FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Do	مل	REGISTRAR			P. 1	CERTIF	ICATE OF	DEATH	0	REG. NO			•	
34		CEASED NAME OR PRINT)	FIRST ED		F.		VOYCE		20 DATE OF		05- 2		985	1:13 X
	3. SE	× MA LE		4 RACE CAU		5. DATE C		08	6 AGE INYEA		YRS	IF UNDER I	YE AR DAYS	IF UNDER 24 HRS HOURS MIN.
of pace.		RTHPLACE (STATE OR I COUNTRY) aryland		U. S	WHAT COUNTRY	WIDOWE	7 [7]	MARRIED	9 BALTIMOR BA	ECITY OR LT IM			(H	MD.
must be neutried by	10 C	BALT IMOR			HOSPITAL, NURS HEACHITY GIVE STRE GNES HOS		R OTHER IN	STITUTION	IZU USUAL O ITYPE OF WORK F Gun S	FOR MOST OF		IFE) INDU	STRY (	BUSINESS OR
	730 5	al residence in hurs state ary land	136 COUN		GIVE RESIDENCE BEFO 13c. CITY OR TO Baltim	WN	YES 🏗	NO 🗌	13e STREET A				ıue	21230
Swamine Comming		Thomas		J.	Voyc			r's maiden nam Virginia		WIDDLE			Hoc	oper
medica	160. V	vas deceased ever yes, no or unknown) NO		MED FORCES? E WAR OR DATES)	705-12		17 INFORM	yn E. Wh	eeler	ADDRES 1928	2			
emavol.		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE		and (ch.)						DEÎ M	PPROXIA	MATE INTERVAL INSET AND DEATH	
with the State Dept. of Health and Mentol Hygiene prior ta burial, cremation, or remaval MPORTANT. If Hem 21 is marked or Item 18 shows any injury, or ather traumatic event, the state of		Conditions, if any, gave rise to immore (a), static underlying cause	nediate ig the	(b)	R AS A CONSEQ R AS A CONSEQ	+D					<del></del>	7	es	Lo,
r ta buria injury, or	NO O	PART 2 OTHER SIGN	NIFICANT C	ONDITIONS CO	ONTRIBUTING TO	O DEATH BUT	NOT RELATE	ED TO THE TERMI	NAL DISEASE	OR COND	ITION GI	VEN IN PA	RT Ito	
Hygiene prio	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHIC	CH OPERATIO				NO	IN CERTI	ES 🗌	USES	GS USED OF DEATH? NO [
entol Hyg Irem 18 sl	_	210. ACCIDENT WAS UNI OR CONTRIBUTING [ ] (IF EITHER, NOTIFY MEDI-	CAUSE OF DEA	TH HOUR A.	M. MONTH	DAY YEAR		INJURY OCCURR	ED (ENTERNATI	URE OF INJURY	IN ITEM 18	PART I OR PA	RT 2)	
alth and Manarked or I	MEDICAL	21d. INJURY OCCUR	+ILE		REET, FACTORY, OFFIC		21f LOCAT STRE			CITY OR FOW	"14	COUN	TY	STATE
. of Healt		22a. I certify that (I) saw the decease above, (I) (week)	(this hospited alive and	al) attended th	ofter death.	82 .00		y) (aur) opinion d	eath accurred	on the dot	te and ho		m the c	
AT: If Item		226. SIGNATURE	int	مست	an		DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICI	AN 🗌	22c.	- 4	21181
MPORTANT:		NEVZAT	TURK				2118	FERNGLE	N WAY	BALT	IMORI	E, MD	•	21228
5 ≤	23a. E	BURIAL, CREMATION,	REMOVAL	23b DATE	23	. NAME OF C	EMETERY OF	CREMATORY	23d. LOCAT	ION				

BP.

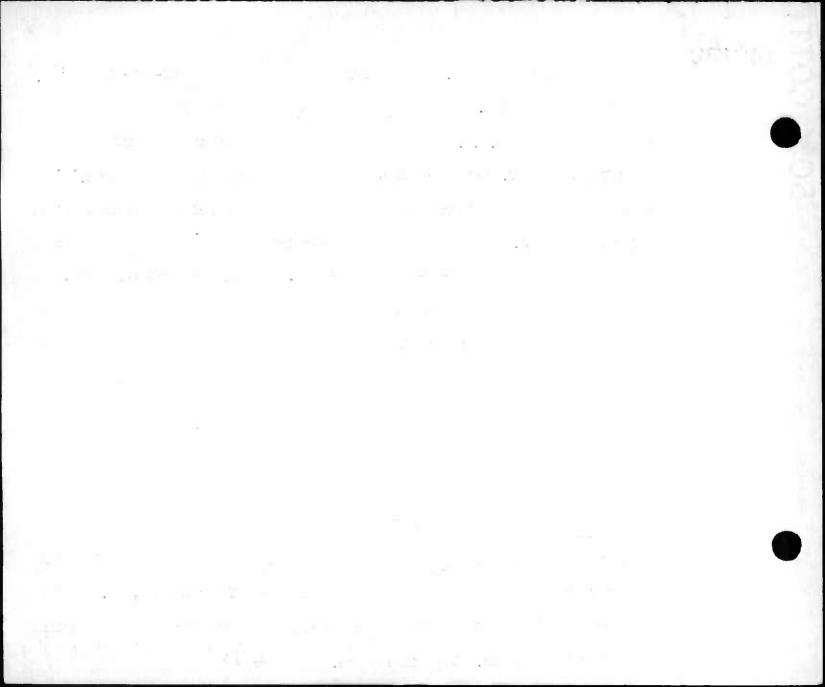
DHMH - 16 50M 4/83 (VRA 15, 4)

Buria1 5/25/85 Loudon Park Cemetery

Baltimore

COUNTY Mary land

24 FUNERAL DIRECTOR 21229 Hubbard Funeral Home, Inc. 4107 Wilkens Ave. 250 DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4.	
200	100
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Everett Wade Same as 13E.

- STATE REGISTRAR ZACHARY ANDREW WADE

(IF YES GIVE WAR OR DATES)

NONE

CERTIFICATE OF DEATH

REG. NO

TAC	HARY	A,		ADE		MAY		, 1985	DAY TEAL	20 11	10 A	
SEX	4. RACE		S. DATE C	)F BIRTH		6 AGE	IN YEARS I	AST BIRTHDAY)	IF UNDER 1 YE		DER 24 HRS	
Male	White		1	12 DAY	1985			YRS.	MONTHS DA	YS HOUR	MIN.	
BIRTHPLACE (STATE OR	OREIGN 76 CITIZEN	F WHAT COUNTRY	? 8	n I NEVE	D AA A DDIED 4	9 BALTIA	AORE CI	TY OR COUNT	Y OF DEATH	1		
Maryland	U.	S.A.		MARRIED NEVER MARRIED 😾		BALTIMORE CITY			ITY	MD.		
CITY OR TOWN OF DEA		F HOSPITAL, NURS		OR OTHER IN	NOITUTION	12a USUA					INESS OR	
ALTIMORE	JOHN	S HOPKI	NS HO	SPITA	L	NON		N/A	NON		I/A	
a STATE A STATE Maryland	Baltimore	ON, GIVE RESIDENCE BEFO 13c CITY OR TO Catonsv	WN	13d. INSIDE	CITY LIMITS?	13e STREE	T ADDR	ESS / ZIP COD Syming to	/_	. 212		. €
Everett	Russell	. Wade			egina		Rutl	Die N	Bonn	LAST		
WAS DECEASED EVER	IN U.S. ARMED FORCES	? 166 SOCIAL SEC	URITY NO.	17 INFOR	MANT		Α	DDRESS				

18 CAUSE OF DEATH lenter only one cause per line for 10), (b), and (c)  PART I, DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) L'andia pulmanary arrest	BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o) WIGHO PARTITION AT A TOTAL CAUSE (II)	one rain
Conditions, if ony, which ( 1b) atrioventricular conal defect	Himmtho
gove rise to immediate couse (a), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF Down 15 Sundners	4 MONTHS

unknown 1401094 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFETHER NOTIFY MEDICAL EXAMINER 21e. PLACE OF INJURY 21f LOCATION 214 INJURY OCCURRED COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased from

sow the deceosed glive on 5/17 obove (1) we) (did) (did not) view the body ofter death and that in (my Nour) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR 22e ADDRESS

AN AUGH

(SPECIFY)Burial

(YES, NO OR UNKNOWN)

5/21/85

Woodlawn Cemetery

Woodlawn

<sup>24</sup> FUNERAL DIRECTOR 1630 Edmondson Ave. Catonsville, Md. 21228 Leroy M. & Russell C. Witzke Funeral Home

Maryland

ina kungason-handalle

DHMH - 16 60M 7/B4 (VRA 15, 4)

CERTIFICATION

MEDICAL

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V. PRES	
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CORD	
ITAL RE	
NOFV	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	

127	1-	FOR STATE REGISTRAR		STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	4321
deoth		CEASED NAME THELM	A MIDDLE	WAGNER	20. DATE OF DEATH MONTH	ST ST 1133 PM
	3. SE)	Female	Caucasian	5. DATE OF BIRTH OCT. 13,1919	6. AGE (IN YEARS LAST BIRTHDAY)  6.5 YRS.	FUNDER I YEAR IF UNDER 24 HRS. MONTHS: DAYS HOURS MIN.
within /2 hou		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNT	RY? 8.  MARRIED X NEVER MARRIED WIDOWED DIVORCED	Baltimore City or County	OF DEATH  ity MD.
3/1	E	ryor town of DEATH Baltimore	Francis Sco	ott Kev Hosp.	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR INDUSTRY  Restaurant
and 2 should be	136. S Ma 14. FA	aryland ATHER'S NAME PERST  Dert Leary	OR OTHER INSTITUTION, GIVE RESIDENCE BILINTY  13c. CITY OR T  Balti  MIDDLE  LAST	FORE ADMISSION)  OWN  13d. INSIDE CITY LIMITS?  TYES NO   15. MOTHER'S MAIDEN N  FIRST  Eva unk	13e STREET ADDRESS Ba	ilto, Md.
ers. Poges II. the medicol			ve war or dates) 246-2	20-2941 Dores Wad	ner, husband,s	same as above
system by the broad prize when please remove carbon populate burial, cremation, or remova ijury, or other troumatic event, i		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	QUENCE OF FIBRILLATION		4 DAYS 5 MONTHS YEARS TEN IN PART 100
ows ony ir	CERTIFICATION	ADD M	196 CONDITION FOR WH	AMOULA IICH OPERATION WAS PERFORMED	YES NO NO YE	
the buriol-tro ond Mental Hy ked ar Hem 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18, P	COUNTY STATE
hear of He		220. I certify that (1) (this has sow the deceased glive a above. (Liftwe) (dich (did no 27b. SIGNATURE	oital) attended the deceased from 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	9 DEGREE ATTENDING PHYSICIAN	n deoth occurred on the dote and hou  MEDICAL STAFF DIRECTOR PHYSICIAN	19
hould be with the S		22d. PHYSICIAN'S NAME (TYPE  WILLIAM  SURIAL, CREMATION, REMOVA  SPECIFY)	L 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
16 50M 4/B2 15, 4)	24 FU	Burial UNERAL DIRECTOR CHIMUNEK FUNI	5/28/85 Ba ERAL HOME,33		Balto, Md.  ATE REC'D. BY REGISTRAR 256/REGIST  AY 2 8 1985	

Allement Line MOLA MINES OF SULLESS SCHOOL FOR THE STATE OF THE SERVICES

			FOR	D			ARYLAND AND MENTAL H	YGIENE		4 7	0 0
15	56090		STATE REGISTRAR	MED			ERTIFICATE	0 0	REG. NO.	40	has been
20,0	30000	1. DE	CEASED NAME FIRST		WIDDIE		LAST	20. DATE K	NOWN (7)	MONTH DAY	YEAR 26. HOUR
	3 % % % S F.	(TAB	E OR PRINT) Tony			Wad	mer	OF DEATH		5/ 30/1	
100	PLEASE ECTOR. R FILES. HOURS STREET,	3. SE)		5. DATE OF BIRTH	6. AGE (IN Y	EARS IF UN	DER I YR. IF UNDER	24 HRS. 2c. DATE	M M	SONTH DAY	9 85 M YEAR 24 HOUR 3:45
6	ARY, L DIR YOUR TON	1	MAC D	Feb 10	51 28	YRS.	NOURS HOURS	DEAD			19 85 DM
P	IS NECESSARY, PLEASE E FUNERAL DIRECTOR, E S FOR YOUR FILES, D, WITHIN 72 HOURS I W, PRESTON STREET,	FO	RIHPLACE (STATE OR PROSPECTION MA	us	SA	WIDOW		ED Balti	more Ci	LTY	MD
	> E 0 = 8 > 1/		Baltimore	Bon Sec	PITAL, NURSING HOM LILITY, GIVE STREET ADDRESS, COUR HOSPI	tal	er institution	FOR MOST OF WORK	ATION (TYPE OF ING LIFE)	WORK 126 KIN	D OF BUSINESS INDUSTRY
	D. 21201 D. 21201 Z. ANJ 3 TO I SHOULD BE FILLECORDS.	USUA 13a S	L RESIDENCE (IF IN NURSING HOME O	ROTHER INSTITUTION, GIVE Y	RESIDENCE BEFORE ADMISS	SION)	13d. INSIDE CONTINUTS?	130 STREET ADDRES		212	hre.
27	DEATH, IF PEST, 2. AND 2 SHOWN OF STATE	14. FA	THER'S NAME FIRST Lither	MIDDLE	Wager	red	15. MOTHER'S MAIDE	N NAME	DIE	Free	men
	BALTIMORE, MD. 21201 S. AFTER DEATH, IF NUY GIVE PAGES 11, 2, AND 2 TITH FORM PINES REFA PAGES 17 NND 2 SHOULD VISION OFWITALECOR	16a. V	VAS DECEASED EVER IN U.S. ARA	AED FORCES? VAR OR DATES)	166. SOCIAL SECURI 220-20-1		17. INFORMANT Edna	O, Wa	ADDRESS	47	0
			18 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED	y one cause per line f BY: E CAUSE (a)		le Gur	nshot Wound			APP	ROXIMATE INTERVAL EEN ONSET AND DEATH
	IN 24 IN ITE IN ITE ALO SIT PE HYGII				AS A CONSEQUENCE						
	D WITHIN PENCIL IN AMINER A AMINER A - TRANSII ENTAL HY OR REMC	-	Conditions, if ony, which gove rise to immediate couse (a) stating the under-	(b)							
	ZOI V		lying couse lost.	(c)_	AS A CONSEQUENCE	: Or					
	S HASSEL	NO	PART 2 DTHER SIGNIFICANT CONDITIONS 6		JT NOT RELATED TO THE TER	RMINAL DISEASE	OR CONDITION GIVEN IN PA	RT 1 a			
	SHOULD BORD "PEN CHIEF MI E USED A: URIAL, CI	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITI	ON FOR WHICH OPE	RATION W	AS PERFORMED?			20 AL	JTOPSY?
	SE CHE CHE CHE CHE CHE CHE CHE CHE CHE CH	E									s P NO 🗆
	DIVISION OF VITAL REC  NNER: THIS CERTIFICATE SHOULD B FICATE, WRITING THE WORD "PEN E FORWARDED TO THE CHIEF ME FORWARDED TO THE CHIEF ME TOR: PAGE 3 SHOULD BE USED AS THE STATE DEPARTMENT OF HEAL LAND, 21201 PRIOR TO BURIAL, CR	AL CE	210. EXTERNAL CAUSE WAS UNDERLYING X OR CONTRIBUTING CAUSE OF D		MONTH DAY YEA	AR .	w MINJURY OCCURRE		RY IN ITEM 18 PART	1 OR PART 2)	
	CERTING TING SED T SED T DEPA	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF		21f. LOC	CATION TREET	CITY OR TOW	N	COUNTY	STATE
	12AAAKH		AT WORK AT WORK	st	reet	210	CE 3	Baltimore	St., B	alto. C	city, Md.
9.0	TOR THE SAND,		22a. I certify that I taak charge			Autaps				my opinion	
	XAM ERTIF ID BE WITH ARYL		death resulted from: Natur	causes .	Actudent, S	ivicide	TITLE (SPECIFY)	Undetermined man	ner [],		
	ALE CALE		ACTUAL SIGNATURE	14	1	M.		T MEDICAL EXAMI	NER	DATE SIGNED 5/	31/85
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: DA AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	-	EXAMINER'S NAME (TYPE OR PRINT) Gred	orv R. Ka	uffman. M.	D	ADDRESS1	11 Penn St			
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE			b. DATE	23c. NAME OF CE		R CREMATORY	23d. LOCATION	•	COUNTY	STATE A
07/ 25M	84 BP		Buria	6-3-85	Westv	icu n	rem. Paric	SCC'D. BY REGISTRAR	D I		mid.
	DHMH - 17 (VR A15 ME (5))	K	Enun-TADA	MSONP	4. 13 as	tout	st. JUN	0 3 1985	Lechard	avidson-A	andore

# executed within 24 hours after TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached far use as the burial-transit permit. Then please remave corbon pope with the State Dept. of Health and Mental Hygiene priar to burial, cremotion, or remaval OR ATTENDING PHYSICIAN: The

IMPORTANT: If them 21 is morked or them 18 shows any injury, or ather troumotic event, the

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

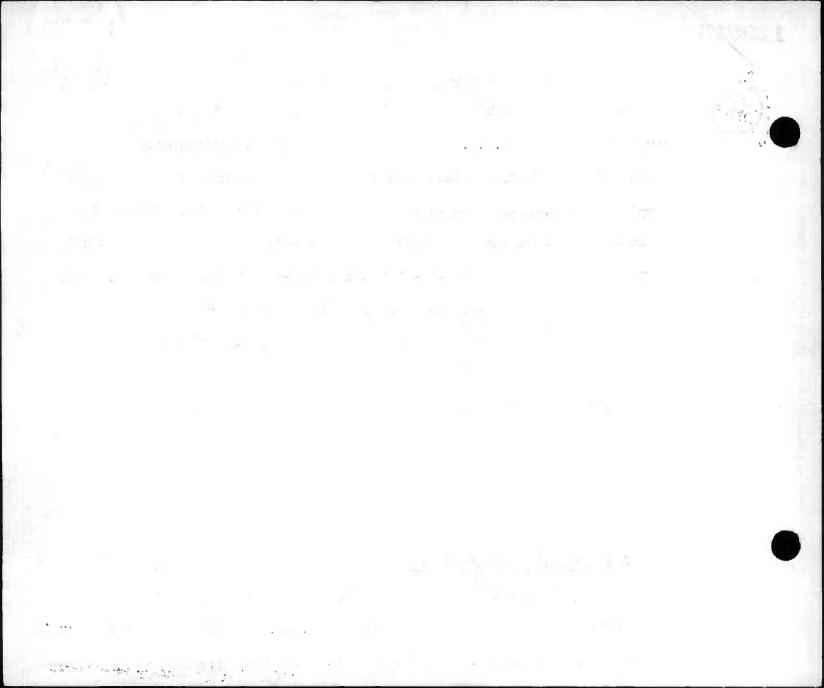
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ı	FOR STATE	DEP		EALTH AND MENTAL HYGICATE OF DEATH		14.	5 2 3
ì	REGISTRAR  1. DECEASED NAME FIRST	MIDDLE		AST	REG. NO.	ONTH DAY YEAR	2b HOUR
١	(TYPE OR PRINT)		14	ASI	Za DATE OF DEATH	6 OI Q6	(50)
ı	WALTI			BERT	0	2 01 8	D PM
ı		RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHE	MONTHS DAYS	
ı	MALE	WHITE	MONTH 10	23 03	81	YRS.	
1	78. BIRTHPLACE (STATE OR FOREIGN 7	LOUNCE CITIZEN OF WHAT COUN	TRY? 8	D NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH	
)	Maryland	U.S.A.	WIDOWE		Baltimore	City	MD.
4	10 CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, N	URSING HOME C		12a USUAL OCCUPATION		OF BUSINESS OR
4	/	Deaton Medica	1 Center	•	Supervisor	_	vice
1	USUAL RESIDENCE (IF NURSING HONE OR COUNTY)	Y 13c CITY OR	TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 2	IP CODE	
1	Maryland Balti	more Arbu	tus	YES NO 🔀		Village 2	1229
1	14 FATHER'S NAME	IDDLELAS	NT.	15. MOTHER'S MAIDEN NA		16	AST
		igustus Wa	lbert	Rosaett	a	Ha	rris
Ī	16a WAS DECEASED EVER IN U.S. ARM		SECURITY NO.	17. INFORMANT	ADDRESS	5	
ø	(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 212-	18-9773	June Fisher	1813 Alto Vi	sta Ave.	21207
	11. CAUSE OF DEATH (Enter only						XIMATE INTERVAL LONSET AND DEATH
1	18 CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED		A No	man June	annest	32,741	ONSET AND SEATT
ı	IMMEDIATE	CAUSE (a)	12 - a	aderocarce			
1		Onus					
1	Conditions, if any, which gove rise to immediate	(b) varefa	really 6	meno Carco	reoma of fi	Lewa	
1	couse (o), stating the	DUE TO, OR AS A CON	SEQUENCE OF		U		
1	underlying cause last.	(c)					
	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDI	TION GIVEN IN PART 1	(a)
	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	so thorax					
ì	5 190. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED		20b. IF YES, WERE FIND IN CERTIFYING CAUSE	
	[ E				YES NO	YES	NO 🗌
1	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	. DAY VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM IB PART I OR PART 2)	
	OR CO. WHICH IS CALLED OF DEAL	HOUR A.M. MONTH	H DAY YEAR				
	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR LOW	COUNTY	STATE
	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, C	OFFICE, FARM ETC.)	STREET	CITY OR TOWN	COUNTY	. STATE
	22a I certify that (I) (this hospital	al) attended the deceased t	ram		ta		, that (I) (we) last
	saw the deceased alive an			nd that in (my) (aur) opinian	death accurred on the date	and haur and Iram the	e causes stated
	abave, (1) (we) (did) (did nat 27b. SIGNATURE	view the bady alter death.		DEGREE		22c. DAT	E SIGNED
	DV-1-0	O. L	11	ATTENDING	MEDICAL STAFF		-2-85
H	224 PHYSICIAN'S NAME (TYPE OR	nucley /		PHYSICIAN [	DIRECTOR PHYSICIA	M	_ 0,
	1600	VECT 7		1 4	11 1	en	
	KOLO DA	KI T		601 5	Charles	91	
	23a. BURIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d. LOCATION	COUNTY _	STATE
	Burial	5/4/85	Meadowr	idge Mem. Pk.			Maryland
	24 FUNERAL DIRECTOR	.00	21229	,	TE REC'D. BY REGISTRAR 25	b. REGISTRAR'S SIGNA	TURE
	Hubbard Funeral He	ome, Inc. 410	7°Wilker	s Ave. MA	Y 6 1985 L	التعيقال سياسو ديداء	Margha Mi

MAY 6

DHMH - 16 50M 4/83 (VRA 15, 4)

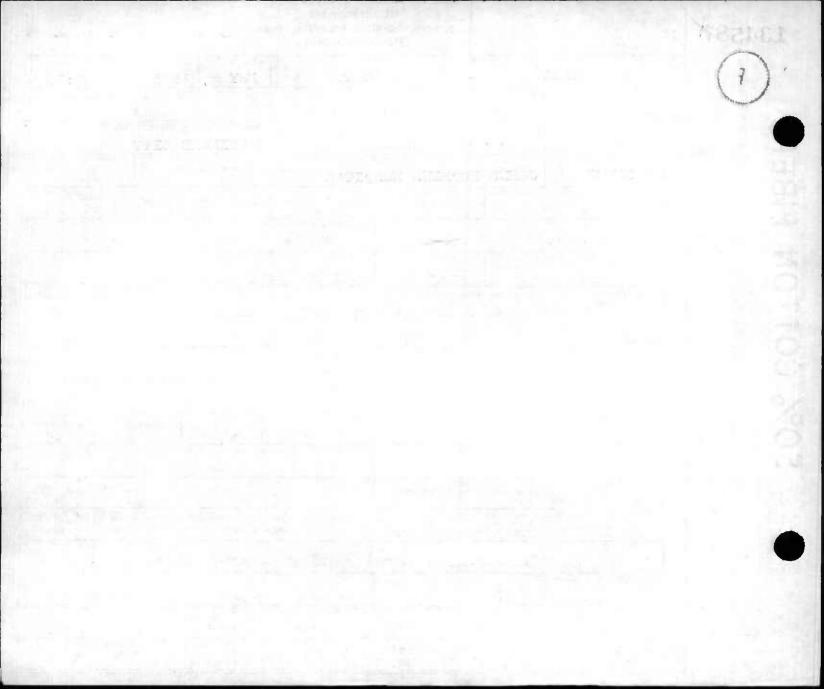
TO HOSPITAL



.3458%	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 5 1	4324			
	PE OR PRINT)  ANGE	LA C.	WALCOTT	MAY 8, 1985	Y YEAR 2b. HOUR 9:15 PM			
3.5		4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	MC	UNDER I YEAR IF UNDER 24 HRS			
	Female BIRTHPLACE   STATE OR FOREIGN	Black 76. CITIZEN OF WHAT COUNTRY?	February 6,1985	9 BALTIMORE CITY OR COUNTY C				
4 E 20 N	lary land	U.S.A.	MARRIED NEVER MARRIED X	BALTIMORE CITY	MD			
t the	CITY OR TOWN OF DEATH BALTIMORE	JOHNS HOPKINS		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) N/A	12b. KIND OF BUSINESS OR INDUSTRY N/A			
Parity Day	UAL RESIDENCE (IF NURSING SHOULD STATE How	other institution give residence before	a 134 INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 5549 Harpers Fai	m Road 21044			
11/130	Christopher	Julien	15. MOTHER'S MAIDEN NA Agatha	MIDDLE	Walcott			
o pub of	WAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 213-08-1		ADDRESS  cott Same as #	± 13			
hysici poper novol.	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per line far (a), (b), and D BY:	diesi		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
certh r ren	IMMEDIAT	DUE TO, OR AS A CONSEQUE			6 haves			
deoth ave contron, ouma	Conditions, if ony, which	Iweek						
ned by the operation of the operation of the order to order the tree or or other tree or or other tree or or other tree or or other tree or or other tree or or other tree or or other tree or or other tree or or other tree or or other tree or or other tree or or other tree or or other tree or or other tree or or other tree or or other tree or or other tree or or other tree or or other or other or or or other or or or other or or or other or or or or or other or	gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF	-t disease.	3 months			
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
ysticino. ysticino. cote hos been sig onsit permit. There tygiene prior to b 8 shows ony injur.	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED NG CAUSES OF DEATH?			
선 축구를 맡	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T 1 OR PART 2}			
ottending ter this ce is the buris nond Men	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.	211 LOCATION	CITY OR TOWN	COUNTY STATE			
spital ar STOR: Af for use a of Health	220 I certify that (I) (this hospit saw the deceased alive an abave, (I) (we) (did) (did no	tal) attended the deceased fram	and that in (my) (our) opinion		ond from the causes stated			
OR A DIREC Oched Oched If Item	22b. SIGNATURE		DEGREE ATTENDING	MEDICAL STAFE	22c. DATE SIGNED			
by the by the by the by the by the bed by the bed by the bed by the bed by the	22d PHYSICIAN'S NAME INTER	The state of the s	DMPH PHYSICIAN [	MEDICAL STAFF  DIRECTOR PHYSICIAN	5 9 32			
reformed by the To Function of by the State (IMPORTANT: If IMPORTANT: IMPOR	Lynn ?	D. Silver	Johns Hopkens	Hypital Balti	more, Md.			
230.	BURIAL, CREMATION, REMOVAL		TAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE			

Leroy Mer & Russell C. Witzke Funeral Homes P.A 250 DATE REC'D. BY REGISTRAR 256 REGIS

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

EG. N	10.	8	5	-/	14	9	1	3
	-			140		0	0110	

2 1 - STAT REGI	E STRAR	DEPA	CERTIFICATE OF DEATH	REG. NO.	)-14
1. DECE ASE (TYPE OR PRIN	T\	MIDDLE	Walken	May 7, 1985	DAY YEAR 2h
3. SEX	Blan	I RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF
	emale	White	July 7, 1904	80 YRS.	MONTHS DAYS H
76. BIRTHPL	ACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	MARRIED WEVER MARRIED		
10. CITY OR	TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION	12b. KIND OF I
43 Ba	timore	South Balto.	General Hospital	Ret. Housewife	Domes
130. STATE	land 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BUNTY 13c CITY OR T	OWN 134 INSIDE CITY LIMITS!	3820 Third St.,	21225
14. FATHER		MIDDLE William	lond (allie	Belle	Hens
0 160. WAS D	ECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIALS	ECURITY NO. 17. INFORMANT	3820 Third St.,	Balto.,
18 C	ART I. DEATH WAS CAUS	anly one cause per line far (a), (b SED BY: IATE CAUSE (a)	ardio-Pulmonary Arre	est	BETWEEN ON
other nud	e rise to immediate se (a), stating the erlying cause last.	DUE TO, OR AS A CONSE			VENI DA DI 14-1
	2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GI	VEN IN PART TO
S SHOWN ONLY INC.	ATE OF OPERATION	1th CONDITION FOR WI	HICH OPERATION WAS PERFORMED	IN CERT	S, WERE FINDING
5 E 21a.	ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	DAY YEAR 21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18,	
# 9 B ORG	OHTRIBUTING D CAUSE OF I THEE, NOTIFY MEDICAL EXAMINE	ER) P.M.	19		
MEDICAL		PLACE OF INJURY	PICE, PARTIES	CITY OR TOWN	COUNTY
E 224.7	certify that (1) Uting for	south attended the second	5 and that in (my) (aur) ppinis	on death accurred an the date and ha	, 19 <u>05</u> , th
E 226	obove Al Well (98) (98)	phi) view the body after death	DEGREE	==-	22c. DATE S
	11/4/1	Mark	M.D. ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	5-7-
THE PROPERTY OF THE PROPERTY O	PHYSICIAN NAME (TYP	of order	77e ADDRESS	6. 0.1.	M 1 04
O / D		n Bagdaschgusky			Md. 21.
230 BURIA	L, CREMATION, REMOV	AL 236. DATE 5/9/1985	231. NAME OF CEMETERY OR CREMATOR Glen Haven Mem. Pr.	Glen Burnie.	LOUNTY

DHMH - 16 25M

BP.

(VR A 15 (4) ) 9/74

24. FUNERAL DIRECTOR
NAME
McCully Funeral Homes

Baltons Md. 212

21225 co Ave.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Davidson Bandalle MATERIAL CONTRACTOR OF THE PROPERTY OF THE PRO

	S 1811,

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eath. Page

"O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

retained by the hospital or offending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages I and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

MMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumotic event, the medical ex

matified of once.

	STATE OF MARYLA
FOR	DEPARTMENT OF HEALTH AND I
- STATE	CENTIFICATE OF B

AND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5	-	4	3	2	ć
REG. NO.				10-10	

DECEASED NAME FIRST		CERTIFICATE OF DEATH	REG. NO	).		
	WIDOLE	LAST			YEAR 2b. H	OUR
Herman	T.	Warker		5 15	85	N
SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HOAY) IF UNDER	TYEAR IF UN	OER 24 HRS
Male	Black	3 4 15	70	YRS.	DAYS HOUR	S MIN.
G. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIED & NEVER MARRIED	9. BALTIMORE CITY O	COUNTY OF DE	ATH	
Virginia	U.S.A	WIDOWED DIVORCED		Citu		MD
CITY OR TOWN OF DEATH  Baltimore	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE 1627 W. Mosher	ING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDI	CIND OF BUS USTRY	
SUAL RESIDENCE (IF NURSING HOME OR 18. STATE 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFO	WN 13d. INSIDE CITY LIMITS:  OTE YES X NO	? 130. STREET ADDRESS 1627 W. MOZ		2121	1
	MIOOLE LAST	15. MOTHER'S MAIDEN	NAME		LAST	
Ben	Walke			Sho	rt	
a WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b. SOCIAL SEC VE WAR OR OATES) 231-14-		ADDRE Cher 1627 W		- 01/	217
		DEATH BUT NOT RELATED TO THE TE				
	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE		
19g. DATE OF OPERATION			YES NO	IN CERTIFYING C.	AUSES OF DE	ATH?
21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH D	DAY YEAR		IN CERTIFYING C.	AUSES OF DE NO	ATH?
OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 19 211. LOCATION	YES NO	IN CERTIFYING C. YES YIN ITEM 18 PART 1 OR P	AUSES OF DE NO	ATH?
OR CONTRIBUTING CAUSE OF GEA  (IF EITHER NOTIFY MEDICAL EXAMINE)  VALUE OF THE NOTIFY MEDICAL EXAMINES  WHILE NOT WHILE AT WORK  22a.1 certify that (1) (this haspi	21b. TIME OF INJURY HOUR A.M. MONTH IP P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.  11) VIAN the body after death.	DAY YEAR  19 211. LOCATION STREET  19 3. 1981	YES NO CITY OR TOV	IN CERTIFYING C YES TINITEM 18 PART I ORP  VN COU  The and hour and free   AUSES OF DE NO	STATE  STATE  State  Stoted	

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(VRA 15, 4)

Home Accress 1348 N. Calkon 24 FUNERAL DIRECTOR expless Farral

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Julian Burden

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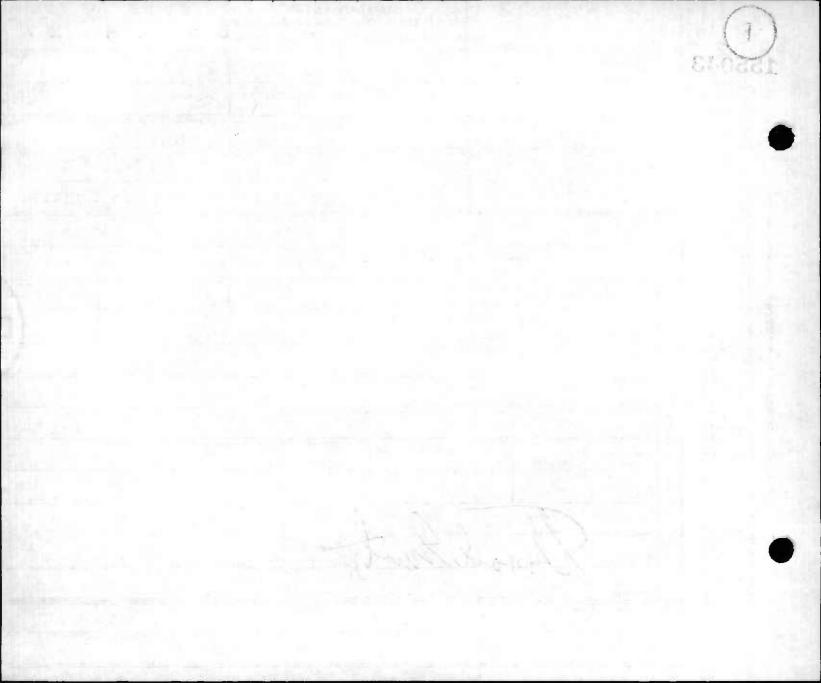
1-	FOR STATE REGISTRAR		EPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTA NER'S CERTIFICATI	CENEMU S	143	2 7
	CEASED NAME FIRS		MIDDLE	LAST	26. DATE KNOWNY	_	YEAR 26. HOU
			D.	Walker	OF ESTI- DEATH MATED	□ 5 29 1	9 85
	Male Black	5. DATE OF BIRTH	5°9 25 BIRT	YEARS IF UNDER 1 YR. IF UN HDAY) MONTHS DAYS HOURS	DER 24 HRS. 2c. DATE PRONOUNCED DEAD	5 29 1	1985 2d. HOU 10:5
	Saltimore, M	d. US		8. MARRIED NEVER M. WIDOWED DIV	ARRIED [_]	or City,	ATH
	Baltimore	(IF NOT IN SUCH FACIL Sinai	Hospital		126 USUAL OCCUPATION (TO FOR MOST OF WORKING LIFE)	YPE OF WORK 126 KINE OR I	D OF BUSINESS INDUSTRY
JSU.	AL RESIDENCE (IF IN NURSING HO		RESIDENCE BEFORE ADMI		<sup>52</sup> □ 130 47923 3DD 1981 1me	r Ave. 2	21215
14 F	ATHER'S NAME W#Tlliam	WIDDLE	Walke:	r Glo	AIDEN NAME MIDDLE	Gibs	5h
166. '	WAS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	214-80-		Walker 4908		Ave.
	Canditions, if any, we gave rise to immed cause (a) stating the <u>unlying cause last.</u>	ich ate DUE TO, OR AS	S A CONSEQUENC	E OF			
NO		ONS <u>CONTRIBUTING TO OEATH</u> DUT	T NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN	N PART 1 I O	100	
CERTIFICATION	196. DATE OF OPERATION	19b CONDITIO	ON FOR WHICH OP	ERATION WAS PERFORMED?			JTOPSY?
	216. EXTERNAL CAUSE WAS UNDERLYING TO CONTRIBUTING CAUSE	HOUR MAN OF DEATH 1050 P.M.	MONTH DAY YE 5 28 19	AR	RRED (ENTER NATURE OF INJURY IN ITEM 1	B PART 1 OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK			5400 Blk. F	airlawn Ave, Bal	ltimore Ci	ty,Md.
		offse of the remains describiture causes , A	1 /1	Augopsy X, Inspe	ction , Inquiry , c	and in my apinian	5/30/85
a garaged to	EXAMINER'S NAME (TYPE OR PRINT)	Thomas D. Sm	ith, M.D.	ADDRESS_111	Penn St. Balto	o.MD.	
23a. E	URIAL, CREMATION, REMOV.	1236 DATE 6-4-85		EMETERY OR CREMATORY Zion Cem.	234 LOCATION CITY OR TOWN Balto.	Md.	STATE

DHMH - 17

(VR A15 ME (5))

WM. C. March F/H 10101 E. North Ave,

1250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SICHARDRE



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	0 0	TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physicic should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremgition, or removal.	MPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumonc event, the medical expanded multi he portlied or
	I	7 34	0
	0 0	0 4 5	5.
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low realities found certificate be executed within 24 hours offer death. Form retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and Coppet Hills in by the fundal illument should be detached for use as the buriol-transit permit. Then please remove carbonappers. Pages and 2 should be flied within with the State Dept. of Health and Mental Hygiene prior to buriol, cremption, or removal.	~

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	5	ì	4	3	2	8
						-

1	FOR  STATE  REGISTRAR		DEPARTM		HEALTH AND MENTAL HYG	IENE 8	NO.	4.	3 2	3
	CEASED NAME FIRST		MIOOLE		LAST	20 DATE OF DEATH	MONTH DA	AY YEAR	2b HOUR	75
(11)	MABEI	Œ		WAL	LACE	MAY 22.	1985		6:25	A
3. SE	X	4 RACE		5 DATE		6 AGE (IN YEARS LAST		FUNCER LYEAR	IF UNDER 24 H	
1	Female	Black	ζ	Aug	29 1947	37	YRS	DAYS DAYS	HOURS N	AIN.
70 B	IRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH		
7	Maryland	USA		WIDOWI		BALTIMO	RE CIT	Y		MD.
	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUP		12b. KIND O INDUSTRY	F BUSINESS	OR
	ALTIMORE	JOHNS	HOPKINS	HOS	PITAL	Certif	ier	Tri (	Co. En	ergy
13a.	AL RESIDENCE (IF NURSING NOME O STATE BY COU Maryland Cal	ROTHER INSTITUTION NTY Vert	13c. CITY OR TOW		13d INSIDE CITY LIMITS? YES NOXX	136 STREET ADDRES Box 1069	S / ZIP CODE		20678	
14. F.	John	WIODIE	Harrod.	Jr.	15. MOTHER'S MAIDEN NA/ FIRST  Rose	ME MIODLE		Wal		
	WAS DECEASED EVER IN U.S. AI		16b SOCIAL SECU		17 INFORMANT		DRESS			
	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR OATES)	212-54-50	028	Woodrow Walla	ace.Jr. B	ox 1069	Pr. F	rederi	ck.N
NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO, O	Aflastic	Ah	englo TIS enla NOT RELATED TO THE TERM	inal disease or co	ondition Givei	10 d		_
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, IN CERTIFY! YES	WERE FINDIN ING CAUSES	OF DEATH?	
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A		Y YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF 19	JURY IN ITEM 18 PAR	T I OR PART 21		
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET FACTORY, OFFICE FA	ARM ETC )	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE	
	27a I certify that (1) (this hasp sow the deceased alive or above (1) (we) (did) (did no	1	/	82.	nd that in my (our) opinion of	deoth occurred on the	dote and hour		that (we) couses stated	
4	276 SIGNATURE	Say	la	M	DEGREE ATTENDING PHYSICIAN	MEDICAL S'	TAFF SICIAN	22c. DATE	122	185
	M. G. Thu	relkel	4		Tolux Hopky H	logatal, pe	althour.	40:	2120	1
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	236. DATE May 29			Bible Way Ce	23d LOCATION CITY OF TOWN Prince F	rederik	Calve	rt Mo	1
24 F	UNERAL DIRECTOR				25a DAT	E REC'D. BY REGISTR	AR ISB. REGISTRA	AR'S SIGNAT	URE	
SI	encer E. Sewell	Box 3	1, Prince	Fred	lerick, Marky	1985 5	was bords	m-sprp	400	1

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 143103 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN YEAR 2b. HOUR TYPE OR PRINTI OF ESTI-IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS I W. PRESTON STREET, WALLIS JANE Μ. DEATH MATED 5-14-8510 A RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 2d DUR 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) MONTH PRONOUNCED 5-15-85 10 12:51 DEAD To. BIRTHPLACE) (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | Baltimore City WIDOWED L DIVORCED O THE FL PAGE 5 SE FILED, 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS 5 1312 Hold in the Street FOR MOST OF WORKING LIFE OR INDUSTRY Baltimore amoto USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY COMITS? 13e. STREET ADDRE elemene IA FATHER'S NAME 'S MAIDEN NAME MEDDLE MIDDLE LAST ITEM 18. GIVE PA LIONG WITH FORM PERMIT. PAGES 1 160. WAS DECEASED EVER INVO.S. ARMED FORCES? ADDRESS DIVISION CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. AFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stoting the under DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ NO X 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CERTIFICATE HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 19 214 INJURY OCCURRED 21e PLACE OF INJURY ( AT HOME. 211 LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE AT WORK AT WORK Inspection X 220 I certify that I took charge of the remains described above, held on Autopsy Inquiry ond in my apinion death resulted from: Natural causes Undetermined manner Hamicide TITLE (SPECIFY) ACTUAL 5-15-85 Assistant Margarita A. Korell.M.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 73MNAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY BP 07/84 24 FUNERAL DIRECTOR S SIGNATURE **DHMH - 17** (VR A15 ME (5))

# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and should be detached for use as the burial-transit permit. Then please remove carbonapaers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low

BP\_\_\_\_\_ DHMH - 16 50M 4/83

(VRA 15, 4)

FOR DEPARTMENT OF REGISTRAR CERTI

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	1	2		0.0	53
5	1	6.	3	3	U

REGISTRAN		REG. NO.
1. DECEASED NAME FIRST MIDDLE [TYPE OR PRINT]	LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
ALLEN	WALTERS	3/22/85 8 FM
3. SEX 4. RACE	5. DATE OF BIRTH  MONTH DAY YEAR *	6 AGE (IN YEARS LAST BIRTHDAY)   FUNDER 1 YEAR   IF UNDER 24 HRS.
MALE WHITE	3 9 1914	71 YRS
70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNT COUNTRY)	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
Maryland U.S.A.	WIDOWED DIVORCED	BALTIHORE CITY MD
BALTIMORE 11. NAME OF HOSPITAL, NUI	RSING HOME OR OTHER INSTITUTION TREET ADDRESS)	120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Handyman
130 STATE 13b COUNTY 13c CITY OR T		13a.STREET ADDRESS / ZIP CODE 2616 Lehman Street 21223
Maryland Balti	IS MOTHER'S MAIDEN N	
FIRST MIDDLE LAST	FIRST	MIDDLE LAST
UNKNOWN  160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL S		K N O W N
LYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)		
NO 217-07	-1522   Catherine 1	eter 2616 Lehman St. 21223
18. CAUSE OF DEATH (Enter only one cause per line for tourth PART I. DEATH WAS CAUSED BY:	1, ond (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o)	pris y immun	men muscl lunk
DUE TO, OR AS ACONSE	EQUENCE OF	1 . 111 20
Conditions, if ony, which (b)	vocarcinom y	Marien UMAT 2 mo.
gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSE	EQUENCE OF	
underlying couse lost.	*	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN PART 11a
2 0		
4 190 DATE OF OPERATION 196 CONDITION FOR WH	TICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
		YES NO YES NO
19a DATE OF OPERATION 19h CONDITION FOR WH		RRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)
CALLES OF DEATH TOUR A.M. MOINTI		
(IF ETHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	19 21f. LOCATION	
WHILE NOT WHILE T		CITY OR TOWN COUNTY STATE
AT WORK AT WORK		7/22
220.1 certify that () (this haspiral) attended the deceased from		n death accurred on the date and hour and from the causes stated
obove (1) (we) (did) (aid not view the body ofter death.		
226 SIGNATORE	DE GREE ATTENDING	MEDICAL STAFF
- Carego	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN
22d PHYSICIAN'S NAME TYPE OF PRINT)	22e ADDRESS	So. Charlos St. Bout.MD
	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION
(SPECIFY) Buria1 5/25/85	Cedar Hill Cemetery	Brooklyn Pk. A.A. Marylan
24 FUNERAL DIRECTOR		ATE REC'D. BY REGISTRAR 251 REGISTILAR'S SIGNATURE
Hubbard Funeral Home, Inc. 410	7 Wilkens Ave. 57	24/85 John Daviton-

BP\_\_\_\_\_\_

(VR A15 ME (5)) 20M 4/82

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	1- 9	FOR STATE REGISTRAR			STA DEPARTMENT OF DICAL EXAMIN	HEALTH			0 3	1 4	3 3	
	1. DEC	CEASED NAME E OR PRINT)			MIDDLE	134	LAST		2a. DATE KNOWN OF ESTI-	MONTH DA		26 HOUR
			Pearly		I.		alters	Jr.	DEATH MATED	3/ 0/		M
		ale	Black	S DATE OF BIRTH	18 6. AGE (IN Y LAST BIRTHE 67)	DAYI MONT	NDER 1 YR. IF UN		PRONOUNCED DEAD	5/ 8/	/ 19 85	24 HOUR 4:33 P M
3	7a. BIR	RTHPLACE (ST. REIGN COUNTRY)	V A	76. CITIZEN OF WHA	SA	8. MARR WIDOW	HED NEVER A	WARRIED	9 BALTIMORE CITY Baltimor		FDEATH	MD.
0	ID. CIT	Baltin		(IF NOT IN SUCH FACE	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) The Alameda	5)	IER INSTITUTION	12a. US FOR	SUAL OCCUPATION ( R MOST OF WORKING LIFE)	TYPE OF WORK 12b.	KIND OF BUS OR INDUSTR'	SINESS
5	MD	L RESIDENCE		OR OTHER INSTITUTION, GIVE	Baltimo	SION)	13d. INSIDE CITY LIM		REET ADDRESS 791 1/2	The Ala	21218 ameda	}
700		Pearly		WIDDLE	Walters S	Sr.	15. MOTHER'S A	MAIDEN NAM			LAST <b>Г</b> У	
7			y D EVER IN U.S. ARA		16b. SOCIAL SECURI		17. INFORMANT		ADDRE		The	
/	(YE	ES, NO, OR UNKNOW	WN) (IF YES, GIVE )	WAR OR DATES)	227-12-1				alters 2			neda
	TION	gave risi cause (a) lying caus	IGNIFICANT CONDITIONS C	(b)	AS A CONSEQUENCE  AS A CONSEQUENCE  JULY NOT RELATED TO THE TER	E OF RMINAL DISEAS				120	AUTOPSY?	
2	CERTIFICATION										YES [	но 🔀
3	SICAL	UNDERLYING CONTRIBUTION	NG CAUSE OF D	DEATH P.M.	INJURY MONTH DAY YEA  19 DE INJURY (ATHOME, ORY, FARM, ETC.)	211. LO	OW INJURY OCC	URRED (ENTER	R NATURE OF INJURY IN ITEM	( 18 PART 1 OR PART 2)		STATE
	2		NOT WHILE C					pection K.				JIMIL
		death resulte		ge of the remains description of the remains described on the remains described		Autap Suicide	, Hamicide TITLE (SPECIF	, Under	etermined manner	and in my apinian  ,  DATE		
2		SIGNATURE _ EXAMINER'S N (TYPE OR PRIN	NT) _ Grego		ffman, M.D		ADDRESS	111 P	enn St.	SIGNED	5/9/85	<u> </u>
	Bu	rial		5/13/85	Eastvi			. B	ocation Yortown altimore	COUNTY	MD MD	
)		NAME C . M	March F/	/H 1101	E. North	n Ave	250. 0	AAY 1	Y REGISTRAR 255. RE	EGISTRAR'S SIGNA	Jandale Jandale	

al director, page 3

completely filled is

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and co should be detached for use as the burial-transit permit. Then please remove corban-popers. Pages, with the State Dept. of Health and Mental Hygiene prior ta burial, crematian, or remaval.

_	FOR
1 -	STATE
	REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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5		4	1	63	620
	,				

	REGISTRAR								
	CEASED NAME FIR	carl ^	MIDDLE E.	ŁAS	Ţ	2a DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(TYPE	OR PRINT)	(MAGY	771 0	МАМ	PLFR		05/	15/85	4.39
3. SEX	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1. RACE		5. DATE OF		6 AGE (IN YEARS LAST B		IF UNDER TYEAR	IF UNDER 24 F
- 1	Male	Caucasi	0.70	June	16. 1922 YEAR	62		MONTHS DAYS	HOURS M
	RTHPLACE (STATE OR FOREIG		WHAT COUNTRY?			9 BALTIMORE CITY	YRS OR COUN		
- 0	OUNTRY)				NEVER MARRIED	BALTIMORE			
	Pennsylvania	USA		WIDOWED	OTHER INSTITUTION	12a USUAL OCCUPA			OF BUSINESS
3 B	ALTIMORE DEATH	(IF NOT IN SUCI	H FACILITY, GIVE STREET A	DDRESSI		TYPE OF WORK FOR MOST		LIFE) INDUSTRY	
⊌SU.A	AL RESIDENCE (IF NURSING HISTATE	ME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	SITIAL	Retired		Farm	ning
						13e STREET ADDRESS			0073
	ryland Pri	ince George	s Bowie		YES NO D	13110 Ova	ilsto	ne Lane	2071
4 FA	FIRST	WIDDLE	LAST		FIRST	MIDDLE		LA	ST
	George	J.	Wampler		Helen	-		Chroni	ster
	VAS DECEASED EVER IN U	.S. ARMED FORCES? yes, give war or dates)	166 SOCIAL SECUE		17. INFORMANT	ADDI	RESS		
ye		W II	188-12-3	3686	James E. Wam	oler :	same a	as 13e	
	18. CAUSE OF DEATH (Er	iter only ane cause per	line far (a), (b), and	l (c).)				APPRO) SETWEEN	ONSET AND DEA
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cardial				183			7.	6 mins
	DUE TO, OR AS A CONSEQUENCE OF								
	Candition if an at				an minis			1 Y	9 min
	Conditions, if any, whi gave rise to immedic	ch ( (b)			anymining			Ч	9 min
	gave rise to immedia cause (a), stating t	ch (b) he DUE TO, OF		mas	anyminis		<u> </u>	Ч	9 min
	gave rise to immedia	ch (b) he DUE TO, OF	ran	mas	anyminis			4	9 min
7	gave rise to immedic cause (a), stating t underlying cause la	ch (b)	R AS A CONSEQUE	NCE OF	OT RELATED TO THE TERM	inal disease or coi	NDITION G		
rion	gave rise to immedic cause (a), stating t underlying cause la	ch (b)	R AS A CONSEQUE	NCE OF		IN AL DISEASE OR COI	NDITION G		
CATION	gave rise to immedic cause (a), stating t underlying cause la	ch (b) the be DUE TO, OF (c) ANT CONDITIONS CC	R AS A CONSEQUE	NCE OF	OT RELATED TO THE TERM	INAL DISEASE OR COI	_20b. IF Y	GIVEN IN PART 11	a NGS USED
TIFICATION	gave rise to immedia cause (a), stating t underlying cause la PART 2. OTHER SIGNIFIC	ch (b) (b) (b) (che che che che che che che che che che	R AS A CONSEQUE	NCE OF DEATH BUT N	OT RELATED TO THE TERM WAS PERFORMED		20b. IF Y	GIVEN IN PART 11	a NGS USED
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CAL	gave rise to immedia cause (a), stating 1 underlying cause la underlying cause la PART 2. OTHER SIGNIFIC  19a DATE OF OPERATION  5/15/F/ 21a. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE (IF EITHER, NOTHY MEDICAL EX-	ch (b) (b) (ch of the other of	TION FOR WHICH OF INJURY M. MONTH DAM	NCE OF  DEATH BUT N  OPERATION  S S T  Y YEAR  19	OT RELATED TO THE TERM  WAS PERFORMED  AND CO-  21c. HOW INJURY OCCURR	200 AUTOPSY?	20b. IF Y IN CERT	ES, WERE FINDS	NGS USED
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DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 129507 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20. DATE KNOWN MONTH YEAR 2b. HOUR (TYPE OR PRINT) OF ESTI-THORA DEATH MATED 5 19 85 WARD 3. SEX 4. RACE DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE MONTH DAY YEAR LAST BIRTHDAY) PRONOUNCED 11;24 6 DEAD 10 85 6 9. BALTIMORE CITY OR COUNTY OF DEATH FUNERA 5 FOR FOR WITHI MARRIED NEVER MARRIED Baltimore City WIDOWED DIVORCED 2, AND 3 TO THE FU 3. RETAIN PAGE 5 2 SHOULD BE FILED, V NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS WN OF DEATH OR INDUSTRY 1535 N. Broadway Baltimore RDS 113b COUNTY 3d INSIDE CITY LIMITS? timore ND 2 SHO 14 FATHER'S NAME PAGES 1, FIRST MIGGLE MIGDLE T. PAGES 1 AND DIVISION OF VIT PENCIL IN ITEM 1B. GIVE PAGE: AMINER ALONG WITH FORM -- TRANSIT PERMIT, PAGES 1 AN WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). F MEDICAL EXAMINER ALONG WED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hypertensive cardiovascular disease OR REMOVA DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) USED AS A OF HEALTH CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E CHIEF BE USED ICATE, WRITING THE WORD "I E FORWARDED TO THE CHIEF TAOR: PAGE 3 SHOULD BE USED THE STATE DEPARTMENT OF H AND, 21201 PRIOR TO BURIAL NOX YES 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION ( AT HOME EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK X 220. I certify that I toak charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted fram: a Accident Hamicide Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL 5-5-85 Assistant SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 TYPE OR PRINT 23d LOCATION 230 BURIAL CREMATION REMOVAL 23b DATE CEMETERY OR 23c. NAME OF 07/84 BP 25M 24. FUNERAL DIRECTOR 250. DATE RECYD. BY REGISTRAR 25 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

142110	1.	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE S  CERTIFICATE OF DEATH  REG. NO.	3 3 4
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funeral dir		RTHPLACE (STATE OR FOREIGN COUNTRY)  TY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY?  MARRIED NEVER MARRIED  9 BALTIMORE CITY OR COUNTY OF DEA  WIDOWED DIVORCED  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  120 USUAL OCCUPATION  121 USUAL OCCUPATION  120 USUAL OCCU	TH MD
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e exect of the Pogn control of the Pogn contro		THER'S NAME FRIST  COME  VAS DECEASED I VER IN U.S. AR (ES. NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANY ADDRESS  15. MOTHER'S MAIDEN NAME FIRST FIRST FIRST FIRST FIRST FIRST FIRST ANDLE FIRST	(AST ) 1217
juires that the death certificate be signed by the attending physicion ten please remove carbon appers. a burial, cremation, or removal.	7	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost.	Inly one cause per line for (a), (b), and (c).  ED BY:  ITE CAUSE (a)   DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PA	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH  2 V egrs
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OSPITAL OR ATTEN ed by the hospital UNERAL DIRECTOR d be detoched for us he State Dept. of He RTANT: If Hem 21 is		220.1 certify that (1) (this haspi sow the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE	ot) view the body after death	, moi (ii (we) iosi
BP		JURIAL, CREMATION, REMOVAL	236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OF COUNTY COUNTY 25/18/85 TO UTAL SHOW THE COUNTY 25/18/85 PATE RECIDENT REGISTRARIZS. SEGISTRARIS. SIGNARY.	ML STATE
DHMH - 16 50M 1/B1 (VRA 15, 4)		William C.	Brown 1206 W North Au MAY 20 1985 Julia Davide	

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executed within 24 hours

ATTENDING PHYSICIAN: The low requires that the death certificate be

TO HOSPITAL

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENE

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		FOR STATE REGISTRAR			CERTIFICATE OF		REG. NO		4 5 0
1.		EASED NAME F	IRST	MIDDLE	LAST		10. DAIL OF DEATH	MONTH DAY	YEAR 26 HOL
		Lu	cy A.	Wa	shington		5/17/85		
3	. SEX		4. RACE		5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF U	NDER I YEAR IF UNDER
		Female	Bla	ck	2 22	1902	83	YRS.	
23		THPLACE (STATE OR FORE		OF WHAT COUNTRY?	MARRIED NEVER	R MARRIED DIVORCED	9. BALTIMORE CITY O Baltim		
0		YOR TOWN OF DEATH		SUCH FACILITY, GIVE STPEET	ADDRESS) ADDRESS) ADDRESS) ADDRESS)	STITUTION	120 USUAL OCCUPATI	F WORKING LIFE)	126. KIND OF BUSINI INDUSTRY
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1		AS DECEASED EVER IN (	U.S. ARMED FORCE IF YES GIVE WAR OR DATE				Cole 231		sher St.
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			hich (bliote the lost. (c)	D, OR AS A CONSEQUE  D, OR AS A CONSEQUE  S CONTRIBUTING TO 1	14.00	ED TO THE TERM	NNAL DISEASE OR CON	DITION GIVEN	IN PART 1:a
9		gove rise to immed couse (a), stating underlying couse	hich (bliote the lost). (c)	), OR AS A CONSEQUE	ENCE OF	100	200 AUTOPSY?	20b. IF YES, W	ERE FINDINGS USE IG CAUSES OF DEA
31	CERTIFICATION	gove rise to immed couse 101, stofting underlying couse PART 2 OTHER SIGNIFI	hich liote the DUE TO LOST. (c) ICANT CONDITION:  N 19b. CO  YING 12b. TIM SE OF DEATH HOUR	O, OR AS A CONSEQUE S CONTRIBUTING TO DEPENDENT OF THE PROPERTY.	DEATH BUT NOT RELATE  OPERATION WAS PERF  AY YEAR  19	ORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	ERE FINDINGS USE G CAUSES OF DEA NO
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retained by the hospital ar attending physician. BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

Meadowndge 5-41-85

24 FUNERAL DIRECTOR Jas. A. Morton & Sons 1701 Laurens St.

250. DATE RECID BY REGISTER AS 151 AS 1 GNA)

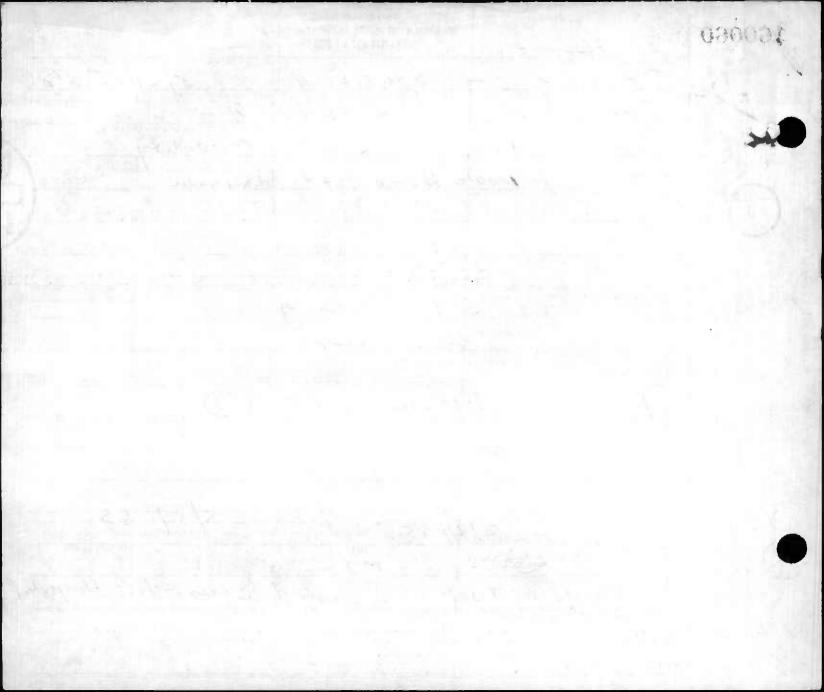


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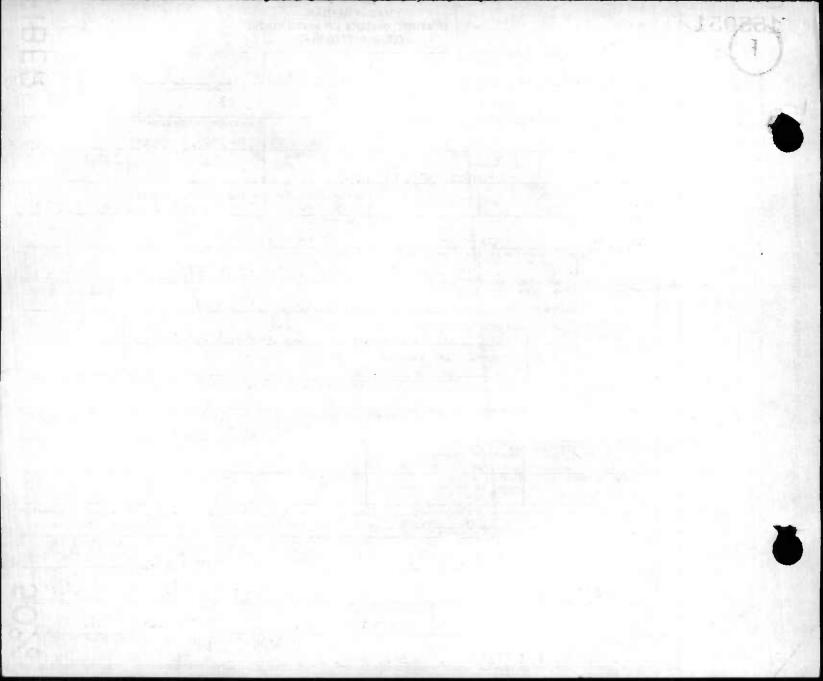
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6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

ogs 4 may be		REGISTRAR FIRST	MIDDLE	CERTIF	ICATE OF DEATH	REG. NO	
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care don to be				SHILLING	AST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
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	4. SE	× _	4 RACE	5. DATE (	OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YEAR IF UNDER 14 HRS
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pital or TOR: Afr for use o of Health		27a. I certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did no	_ 5/3	1/19 85. 01	nd that in (my (our) opinion	death occurred on the do	te old hour and from the causes stated
TAL OR A Yy the hos RAL DIREC detoched tote Dept.  VT: If Item		22b. SIGNATURE	Monthe		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	22c. DATE SIGNED FIAN
retoined by the TO FUNERAL should be determined with the Stote IMPORTANT:		22d. PHYSICIAN'S NAME (TYPE O	M TUI	4.	Lema	ale gor	radric Hospid
5 5 5 5	23a E	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATÉ
BP		BURTAL	6/2/85	ANSHE E	MUNAH CEM	BALTIMORE	MARYLAND
DHMH - 16 60M 7/84	24. FL	UNERAL DIRECTOR SOL	LEVINSON &	BROS., INC	· 250.RAT	E REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE



151	1-	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	4 3 C
		EASED NAME EIRST  OR PRINT)  Gevald	MIDDLE	Red Wate	20. DATE OF DEATH MONTH	30 85 2
rs offers	3. SEX	Female	Black	5. DATE OF BIRTH  16 13 - 41  YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 43 YRS.	IE UNDER I YEAR IF UN MONTHS DAYS HOU
in 72 hou		THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY USA	8. MARRIED NEVER MARRIED WIDOWED DIVORCED X	1 - 3	
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ompletely ond 2 sh examiner		THER'S NAME FIRST  Jerome	Jackson	15 MOTHER'S MAIDEN N FIRST N arci	AME MIDDLE SUS	Reid
Poges .		(AS DECEASED EVER IN U.S. AR es, no or unknown) (IF yes, giv NO	MED FORCES? 166. SOCIAL SEC /E WAR OR DATES) 214-40		ADDRESS christ 5718 De	enwood Ave
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should be with the MMPORTA		CHAMBLIS	5	trancis	Scott ley Medi	eal lente
5 4 3 Z	23e 8	URIAL, CREMATION, REMOVAL	23h DAU /85	NAME OF CEMETERY OR CREMATORY	Baltimore	e Md.



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CONTIN	STATE
	REGISTRAR

completely filled in by the funeral director, page 3 ond 2 should be filed within 72 hours after depth

may be

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	DEC NO					

1 DEC					REG. NO				
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10. CI	ITY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G</li> </ol>	IVE STREET ADDRESS)		12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF		NDUSTRY	F BOSINE	E33 OI
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	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN		OR TOWN	13d INSIDERITY LIMITS?	3910 Bell	//	/ 7	121	5
14. FA	ATHER'S NAME red FIRST	MIDDLE	atson /	15. MOTHER'S MAIDEN NAMES OF STREET	WEDDIE		Toho	500	
		MED FORCES? 166. SOCI	46-33201	Clade 101	address 3910	Belle	0	100	
H	Yes	D7/-		Charles Wa	BON OTTO	NOTE	APPROXIV BETWEEN C	MATE INTER	RVAL
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIAT	D BY:  TE CAUSE (o)	RDIO	10/monan	ARRES	it	BETWEEN	MSETAND	DEATH
		DUE TO, OR AS A CO	INSEQUENCE OF	7 11 0	1. 10.0	( 010			
	Conditions, if any, which	( 1h) 50	HAR-ONE !	V/ (AMEIN)	IND EJUR	10 DJ			
1	Cours ties to immediate	1			- 11	. \			
	gove rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A CO	NSEQUENCE OF			O			
	cause (a), stating the	(c)			IN AL DISEASE OR COND	ITION GIVEN IN	N PART 110	)	
NOIL	couse (o), stoting the underlying couse lost.  PART 2. OTHER SIGNIFICANT (	(c)CONDITIONS CONTRIBUTI	ING TO DEATH BUT	NOT RELATED TO THE TERM					
TIFICATION	couse (a), stating the underlying couse lost.	(c)	ING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND  200 AUTOPSY?  YES \( \text{ NO} \)	206. IF YES, WE IN CERTIFYING	RE FINDIN	IGS USEI	TH2
AL CERTIFICATION	PART 2. OTHER SIGNIFICANT (  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	CONDITIONS CONTRIBUTION FOR  196 CONDITION FOR  216 TIME OF INJURY HOUR A.M. MON	WHICH OPERATION	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, WE IN CERTIFY INC	RE FINDIN CAUSES	IGS USEI OF DEAT	TH2
	PART 2. OTHER SIGNIFICANT (  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING	196 CONDITION FOR  196 CONDITION FOR  196 CONDITION FOR  110 FOR A.M. MON  110 P.M.  110 P.M.	WHICH OPERATION  WITH DAY YEAR  19	NOT RELATED TO THE TERM  N WAS PERFORMED  21c HOW INJURY OCCURI	200 AUTOPSY?  YES NO SED (ENTERNATURE OF INJURY	20b. IF YES, WE IN CERTIFYING YES  IN ITEM 18 PART 1 (	RE FINDING CAUSES	IGS USEI OF DEAT NO	TH2
MEDICAL CERTIFICATION	COUSE (O), STOTING THE UNDERLYING COUSE LOST.  PART 2. OTHER SIGNIFICANT (  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING CAUSE OF DEAL (IF EITHER, NOTHEY MEDICAL EXAMINER 21th INJUST OCCURRED AND INVITED ON MAILE NOT WHILE NOT WHILE COURSED	CONDITIONS CONTRIBUTION FOR  19% CONDITION FOR  21% TIME OF INJURY HOUR A.M. MON P.M.	WHICH OPERATION  WITH DAY YEAR  19	NOT RELATED TO THE TERM  N WAS PERFORMED  21c HOW INJURY OCCURI	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES  IN ITEM 18 PART 1 (	RE FINDIN CAUSES	IGS USEI OF DEAT NO	TH2
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	COUSE (0), storing the underlying couse lost.  PART 2. OTHER SIGNIFICANT (  198 DATE OF OPERATION  218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF BALLIE STANISH OF THE CONTRIBUTION	196 CONDITION FOR  196 CONDITION FOR  196 CONDITION FOR  198 CONDITION FOR  216 FLACE OF INJURY  141 HOME STREET FACTORS  (tol) ottended the decease	WHICH OPERATION  WHICH	NOT RELATED TO THE TERM  N WAS PERFORMED  21c HOW INJURY OCCURI  21f LOCATION STREET	200 AUTOPSY?  YES NO CONTERNATURE OF INJURY  CITY OR TOW	20b IF YES, WE IN CERTIFY INC YES IN ITEM 18 PART 10	REFINDING CAUSES  OR PART 7)	IGS USEI OF DE AT NO	STATE
	COUSE (O), STOTING THE UNDERLYING COUSE LOST.  PART 2. OTHER SIGNIFICANT (OPERATION COURT OF THE	196 CONDITION FOR  196 CONDITION FOR  196 CONDITION FOR  198 CONDITION FOR  216 FLACE OF INJURY  141 HOME STREET FACTORS  (tol) ottended the decease	WHICH OPERATION  WHICH OPERATION  WHICH DAY YEAR  19  (Y, OFFICE, FARM, ETC.)	NOT RELATED TO THE TERM  WAS PERFORMED  21c HOW INJURY OCCURI  21f LOCATION  STREET  19  d that in (my) (our) opinion  DEGREE  ATTENDING	200 AUTOPSY?  YES NO CITY OR TOW  The control of the dot occurred on the dot  MEDICAL STAFF	20b. IF YES, WE IN CERTIFY INC YES TO THE TEN TEN TEN TEN TEN TEN TEN TEN TEN TE	RE FINDING CAUSES OR PART 2) COUNTY Lift from the capacity DATE	IGS USEI OF DE AT NO [	STATE (we) los
	Couse (0), stoting the underlying couse lost.  PART 2: OTHER SIGNIFICANT (190 DATE OF OPERATION  21d ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL OF THE WORK NOT WHITE AT WORK  21d INJURY OCCURRED  WHILE NOT WHITE AT WORK  22d Certify that (1) (this hasping sow the deceased alive an above, (1) (we) [deal clied and obove, (1) (we) [deal cli	CONDITIONS CONTRIBUTION FOR  19b. CONDITION FOR  21b. TIME OF INJURY HOUR A.M. MON P.M.  21e PLACE OF INJURY (AI HOME STREET FACTOR)  21ol) ottended the decease.	WHICH OPERATION  WHICH OPERATION  WHICH DAY YEAR  19  (Y, OFFICE, FARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c HOW INJURY OCCURI  21f LOCATION STREET  19 d that in (my) (our) opinion DEGREE	200 AUTOPSY?  YES NO CHIER NATURE OF INJURY  CITY OR TOW  10 deoth occurred on the dot	20b. IF YES, WE IN CERTIFY INC YES TO THE TEN TEN TEN TEN TEN TEN TEN TEN TEN TE	RE FINDING CAUSES OR PART 2) COUNTY Lift from the capacity DATE	IGS USEI OF DEAT NO [	STATE (we) los
	Couse (0), stoting the underlying couse lost.  PART 2. OTHER SIGNIFICANT (190 DATE OF OPERATION 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING CONCRIBUTING CAUSE OF DEALTH CONTRIBUTING CAUSE OF DEALTH CONTRIBUTION CAUSE OF DEALTH CONTRIBUTING CAUSE OF DEALTH CONTRIBUTION C	CONDITIONS CONTRIBUTION FOR  19b. CONDITION FOR  21b. TIME OF INJURY HOUR A.M. MON P.M.  21e PLACE OF INJURY (AI HOME STREET FACTOR)  21ol) ottended the decease.	WHICH OPERATION  WHICH OPERATION  WHICH DAY YEAR  19  (Y, OFFICE, FARM, ETC.)	NOT RELATED TO THE TERM  WAS PERFORMED  21c HOW INJURY OCCURI  21f LOCATION STREET  19 d that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO CITY OR TOW  The control of the dot occurred on the dot  MEDICAL STAFF	20b. IF YES, WE IN CERTIFY INC YES TO THE TEN TEN TEN TEN TEN TEN TEN TEN TEN TE	RE FINDING CAUSES OR PART 2) COUNTY Lift from the capacity DATE	IGS USEI OF DE AT NO [	STATE (we) los
WEDICAL ASSESSMENT	Couse (0), stoting the underlying couse lost.  PART 2. OTHER SIGNIFICANT (190 DATE OF OPERATION 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING CONCRIBUTING CAUSE OF DEALTH CONTRIBUTING CAUSE OF DEALTH CONTRIBUTION CAUSE OF DEALTH CONTRIBUTING CAUSE OF DEALTH CONTRIBUTION C	196 CONDITIONS CONTRIBUTION FOR 196 CONDITION FOR 196 CONDITION FOR 196 CONTRIBUTION FOR 196	WHICH OPERATION  WHICH OPERATION  WHICH OPERATION  IP  OFFICE, FARM, ETC.)  d from  IP  On  On  IP  On  On  On  IP  On  On  On  On  On  On  On  On  On  O	NOT RELATED TO THE TERM  N WAS PERFORMED  21c HOW INJURY OCCURI  21f LOCATION  STREET  19 d that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN  12e ADDRESS  AMETERY OR CREMATORY	200 AUTOPSY?  YES NO CITY OR TOWN  NED (ENTER NATURE OF INJURY  CITY OR TOWN  AMEDICAL STAFF  DIRECTOR PHYSICI  AMEDICAL STAFF  DIRECTOR PHYSICI  23d. LOCATION  CITY OR TOWN	20b. IF YES, WE IN CERTIFY INC YES  IN ITEM 18 PART 1 (	RE FINDING CAUSES OR PART 2) COUNTY Lift from the capacity DATE	IGS USEI OF DE AT NO [	STATE we) los ofed
WEDICAL	COUSE (O), storing the underlying couse lost.  PART 2. OTHER SIGNIFICANT OF THE SIGNIFICA	196 CONDITIONS CONTRIBUTION FOR  196 CONDITION FOR  216 TIME OF INJURY HOUR A.M. MON P.M.  21e PLACE OF INJURY (AI HOME STREET FACTOR)  21) view the body offer deof	WHICH OPERATION  WHICH OPERATION  WHICH OPERATION  IP  OFFICE, FARM, ETC.)  d from  IP  On  On  IP  On  On  On  IP  On  On  On  On  On  On  On  On  On  O	NOT RELATED TO THE TERM  N WAS PERFORMED  21c HOW INJURY OCCUR!  21f LOCATION STREET  19 d that in (my) (our) opinion  DEGREE ATTENDING PHYSICIAN  22e ADDRESS  METERY OR CREMATORY  ON Forest V	200 AUTOPSY?  YES NO RED (ENTERNATURE OF INJURY  CITY OR TOW  MEDICAL STAFF DIRECTOR PHYSICI.  AMEDICAL STAFF DIRECTOR PHYSICI.  23d. LOCATION CITY OR TOWN	20b. IF YES, WE IN CERTIFY INC YES  IN ITEM 18 PART 1 ( 19	RE FINDING CAUSES OR PART 2) COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY	IGS USE OF DEAT NO [	we) los

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

retained by the haspital or attending physician.

maribe notified of once.

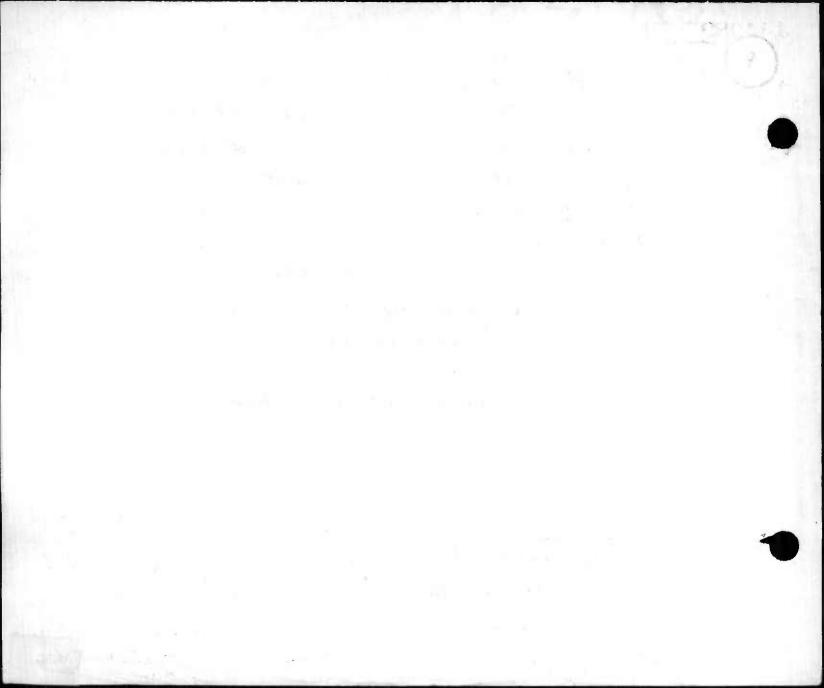
STATE OF MAKTLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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5	5		4	0	0	7

1	1-	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYC ICATE OF DEATH	REG. 1	10	4 5	3 4
1	I DE	CEASED NAME FIRST	MIDDLE	L.	AST	20 DATE OF DEATH		AY YEAR 2	b HOUR
1//		DENN DENN		W	ATTS		5 1	7 1000	12-12 PM
	3 SE	x	4. RACE	5. DATE C	F BIRTH	6 AGE (IN YEARS LAST B			F UNDER 24 HRS
		MALE	CAUCASIAN	MONTH 8	24 67		HIZ S YRS		HOURS MIN.
27		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIE	NEVER MARRIED X	9 BALTIMORE CITY	/	OF DEATH	
8		alifornia,Md	USA	WIDOWE		Baltim		in	MD.
notified		ity or town of death  ltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET GOOD SAMPA	ADDRESS)	40sp. Balknere Fil	120 USUAL OCCUPA	TION OF WORKING LIFE	INDUSTRY	BUSINESS OR
25	13a. S	STATE ISE COUN	other institution, give residence before NTY 13c. CITY OR TOW Califor	/N	13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS	ZIP CODE	206 37	19
in Color		ATHER'S NAME			15. MOTHER'S MAIDEN NA				
E C		rancis W			Margare			Combs	
Pico /	Ióa V	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCIAL SECU	JRITY NO.	17. INFORMANT	ADD	RESS		
E P		MQ or ournound	E WAR OR DATES		FRancis W.	Watts s	ame a	s # 13	above
injury, or other troumatic evi		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOUR  (b) Remail  DUE TO, OR AS A CONSEOUR  (c)	ENCE OF	shock ilere				
injury, o	NO.	PART 2 OTHER SIGNIFICANT OF VENTILA	conditions contributing to	DEATH BUT	not related to the term		NDITION GIVE	N IN PART 110	
ou /	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDING YING CAUSES O	
is marked or Hem 18 shows	B .	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	IURY IN ITEM 18 PA	ART I OR PART 2)	
rkedor	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT MOME STREET, FACTORY, OFFICE, F	FARM ETC )	211. LOCATION STREET	CITY OR	OWN	COUNTY	STATE
		saw the deceased alive on abave, (W(we) (did) (did as	tal) attended the deceased fram		d that in (my) (aur) opinian	death occurred an the		and from the ca	
# # # # # # # # # # # # # # # # # # #			al duttal			DIRECTOR PHYS		5/17	185
IMPORTANT: If hem 21		RAM L	AL MITTAL			LOCK RAVE, M		236	
≤	23a. E	BURIAL, CREMATION, REMOVAL			emetery or crematory chaels	23d LOCATION CITYOR TOWN Ridge, S	t Mars	COUNTY	STATE
		UNERAL DIRECTOR	1 4/ 21/ 1303   1	J - 0111 1		TE REC'D. BY REGISTRA		RAR'S SIGNATUR	E Tana
/83			ingley Leonard	dtown		AY 2.1 1085	gina	Davidson-A	Indese

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



FOR 1 - STATE REGISTRAR I. DECEASED NAME

Male

Zo. BIRTHPLACE (STATE OF FOREIGN

Pennsylvania

II. CITY OR TOWN OF DEATH

Balto.

Md.

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

LYES NO OR UNKNOWN) LIE YES GIVE WAR OR DATEST

14 FATHER'S NAME

(TYPE OR PRINT)

FIRS?

WILLIAM

4. RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
113b. COLINTY
127. CTX 200.

MIDDLE

White

U.S.

76. CITIZEN OF WHAT COUNTRY?

11 W. 20th St.

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DAY 29

13d INSIDE SITY LIMITS?

MARRIED NEVER MARRIED

PEAR 21

DIVORCED X

NO [

15. MOTHER'S MAIDEN NAME

FIRST

WAUDBY

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Balto.

LAST

16b SOCIAL SECURITY NO.

5 DATE OF BIRTH

	~0
3.	Loren
3	- 3
	-

6 AGE (IN YEARS LAST BIRTHDAY)

Balto. City

(TYPE OF WORK FOR MOST OF WORKING LIFE)

11 W. 20th St.

MIDDLE

ADDRESS

120 USUAL OCCUPATION

20. DATE OF DEATH

63

REG. NO.

MONTH

5

9 BALTIMORE CITY OR COUNTY OF DEATH

17

85

IF UNDER I YEAR DAYS

26. HOUR

126. KIND OF BUSINESS OR

Domestic

21218

LAST

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A X	UB
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may	DIRECTOR. After this certifications been signed by the ottending physician and completely filled in by the tuneral director, pages. Pleed for use as the buriol-transit permit. Then please remove carbon pages. Pages, I and 2 should be filled within 72 transformation.
O 4	00

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DR: After this certificate has been signed by the ottending physician and c r use as the buriol-transit permit. Then please remove carbon popers. Pages, Health and Mental Hygiene priar to buriof, cremation, or remavol. Should be detached for us with the Stote Dept. of Her

DHMH - 16 50M 1/81 (VRA 15, 4)

medical exor

event, the

injury, ar ather trou

marked ar Item 18 shaws any

MPORTANT: If Item 21 is

Yes	WWII	214-12-2896				
	ATH (Enter only one couse WAS CAUSED BY: IMMEDIATE CAUSE (o	e per line for (a), (b), and (c)	lio palminan	Arrest	861	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
Canditions, if or gave rise to it couse (a), sta underlying cou	my, which mmediate tring the DUE TO	D, OR AS A CONSEQUENCE OF C how	nic Obstran	~	on Octave	
PART 2. OTHER SI		S CONTRIBUTING TO DEATH BUT		AINAL DISEASE OR CON		
19a DATE OF OPER	RATION 196 CC	ondition for which operatio	IN WAS PERFORMED	YES NO	20b. IF YES, WERE F IN CERTIFYING CA YES [	
0.0.00.000.00.00.00	CAUSE OF DEATH HOUF	AE OF INJURY R A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PA	RT Z)
		ACE OF INJURY LE STREET, FACTORY, OFFICE, FARM ETC.)	211 LOCATION STREET	CITY OR TO	WN COUN	TY STATE
sow the dece	(I) (this hospital) attended osed alive an	ody ofter death	nd that in (my) (our) opinion DEGREE	deoth occurred an the do	ote and haur and fro	m the causes stated  DATE SIGNED
27d. PHYSICIAN'S	NAME (TYPE OR PRINT)	mm	ATTENDING PHYSICIAN [ 27e ADDRESS	MEDICAL STAI DIRECTOR PHYSIC		2/23/82
3a BURIAL, CREMATION (SPECIFY) Remova	N, REMOVAL 236 DATE		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
FUNERAL DIRECTOR	3/1	7/85	25- DA	TE DECID BY DECIETABLE		
NAME	atomy Board	ADDRESS Balte	o., Md. JUN (	185 g	Ma Davidson	
				. 1000		

## FOR STATE REGISTRAR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	3

	IK	301
d	ING PHYSICIAN: The law requires from the death definition be executed within 24 hours ofter death. Pagend may be in attending physician.	After this certificate has been standary by the dring physician and completely filled in by the funeral directions to so the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 in and be filed within 72 hours after a filled within 72 hours after a filled mental Hygiene prior to buy off crediblos, or ser own.
18YLAND 21201	within 24 hours offer d	letely filled in by the fu d 2 I muid be filed with
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	military of the second	physician and camp an papers. Pages I and
S, 201 W. PRESTON	Mes that the death	and by the Orderin on please remove corb outial cressation, or
4 OF VITAL RECORD	SICIAN: The law require physician.	certificate has been si rial-transit permit. The ental Hygiene priar to
DIVISION	ING PHY	After this os the bu

IMPORTANT: If Hem 21 is mark TO HOSPITAL OR ATTENDIN TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept, of Health

BP	_	-	
DHMH - 1	6 60	M 7/B	4
/\/PA	15	4)	

		MIDDLE	1AS		2a. DATE OF DEATH	MONTH DAY	YEAR	2h HOUI	D
	CEASED NAME FIRST E OR PRINT)	CONTRACT OF THE PARTY OF THE PA				6-1-	-8-	1 3	30
	BENJA			VEBER	6. AGE (IN YEARS LAST BIR	J L	OER LYEAR	IF UNDER	M
3. SE	MALE	WHITE	5. DATE OF MONTH	DAY YEAR 1892	9:	MONTH		HOURS	MIN.
		CITIZEN OF WHAT COUNT		NEVER MARRIED	9 BALTIMORE CITY O		DEATH		
	RUSSIA	U.S.A.	WIDOWED	_	BALTIMO	RE CITY			MD
	ITY OR TOWN OF DEATH  BALT IMORE	1. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S) LEVINDALE HEBI	TREET ADDRESS)		12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O RETAILER	ON 17 IF WORKING (IFE) IN	2h KIND OF NDUSTRY FOOD	(PIC	
13a. S	AL RESIDENCE (IF NURSING HOME OR C STATE 13b. COUNT 13RYLAND	THER INSTITUTION, GIVE RESIDENCE 8  Y 13c. CITY OR 1	TOWN 1:	BE INSIDE CITY LIMITS?	13e STREET ADDRESS / 2434 BELVI		ENUE,	<u> </u>	
4. FA		A I L A B L E	N.	S. MOTHER'S MAIDEN NAM FIRST	UNVA		L E		
	NAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE NO	WAR OR DATES)		7 INFORMANT FANNIE SILVER	ADDRE SMITH WEBER			1215 ERE	
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY: Area for	, and ic	a dalabase	ENEMA		APPROXIM BETWEEN ON	SET AND	VAL DEATH
	Canditions, if any, which gave rise to immediate couse (0), stating the underlying cause last.	DUE TO, OR AS A CONSE	stive.	hemit for	lure		516	H	
TION	gave rise to immediate cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSE	STIVE SEQUENCE OF						
TIFICATION	gave rise to immediate cause (a), stating the underlying cause last	due to, or as a conse	STIVE SEQUENCE OF		NAL DISEASE OR CONI	20b. IF YES, WE IN CERTIFYING	RE FINDING	S USED	H?
CAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT CO	(b) CON AC  DUE TO, OR AS A CONSE  (c)  DUDITIONS CONTRIBUTING  19b. CONDITION FOR WE	EQUENCE OF  TO DEATH BUT NO		20a AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES	RE FINDING CAUSES O	F DEATH	H?
MEDICAL CERTIFICATION	gave rise to immediate cause (o), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT CO  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEAT	DUE TO, OR AS A CONSE  (c)  DIDITIONS CONTRIBUTING  19b. CONDITION FOR WH  21b. TIME OF INJURY HOUR A.M. MONTH	EQUENCE OF  TO DEATH BUT NO  HICH OPERATION  DAY YEAR  19	WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES TO SEE THE TRANSPORT TO SECURITION TO SEE THE TRANSPORT TO SECURITION TO SECURIT	RE FINDING CAUSES O	NO _	H?
	gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CO  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER  22a. I certify that (I) (this hospite saw the deceased glive an	DUE TO, OR AS A CONSE  (c)  DIDITIONS CONTRIBUTING  19b. CONDITION FOR WH  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	EQUENCE OF  TO DEATH BUT NO  HICH OPERATION  DAY YEAR  19  FICE FARM EIC 1	WAS PERFORMED  TIL HOW INJURY OCCURR	200 AUTOPSY?  YES NO ED (ENTER NATURE OF INJUIT  CITY OR TO	20b. IF YES, WE IN CERTIFYING YES TO THE THE THE THE THE THE THE THE THE THE	COUNTY	ST	H?
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should be detached for use as the burial-transit permit. Then please remove carbon-popers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO FUNERAL DIRECTOR. After this certificate has been retained by the haspital or attending physician

OR ATTENDING PHYSICIAN: The low requires that the

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

1 - FOR STATE REGISTRAR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REG. NO.					

	CAT	THERIN	E A.	WEBS	STER	5	- 30-	85 8:3
3. SE	X	4 RACE		5. DATE O		6 AGE (IN YEARS LAST BE		IF UNDER 1 YEAR IF UND
	Female	Whit	te	May	13, 1912	73	YRS	MONTHS DAYS HOURS
	JRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH
5	MD	L	JSA	WIDOWE		Baltimo	re Cit	ty
10 CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSI		OR OTHER INSTITUTION	120 USUAL OCCUPAT		126 KIND OF BUSIN
	Baltimore	Good	Samarit	an Ho	spital	Homem		Own H
USU,	STATE 136 COL		13c. CITY OR TOV		136 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	
	MD		Baltim	ore	YES NO		nfield	Ave., 2
14 FA	ATHER'S NAME FIRST	MIDDLE	LAST	g.	15. MOTHER'S MAIDEN NA FIRST	MIDDLE		EAST
	Frank	J.	Marti		Mary	Α.	500	Reinsfel
	WAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	£55	
	No		214 01	3398	Richard G.	Ruth, E	Balto.	
	18 CAUSE OF DEATH (Enter ) PART I. DEATH WAS CAUS	only one couse per	r line (a) (b), o	nd (c)	0 1 11	1		APPROXIMATE IN
z	cause (o), stoting the underlying couse lost  PART 2 OTHER SIGNIFICANT	(e)_	OR AS A CONSEOU		NOT RELATED TO THE TERM	NINAL DISEASE OR COM	IDITION GIV	EN IN PART Ita
IFICATION	underlying couse lost	conditions conditions conditions	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	206 IF YES	S, WERE FINDINGS US YING CAUSES OF DE
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FOR STATE

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## STATE OF MARYLAND

	DEPART	MENT	OF I	HEALTI	H AND	MENTA	LHY	GIENE	in.
A	FDICAL	FXAA	AIN	FR'S	CERTI	FICATE	OF	DEATH	4

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SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY THE STORY "PROBLEGION ON PENDING" IN PENCIL IN THEM 18. GIVE PAGES 1.2. AND 3.TO THE FUNERAL DIRECTOR CHIEF MEDICAL EXAMINER ALONG WITH PAGES 19 AND 3. BETAIN A SEC STORY YOU FIND SEC DESTAINS A DESTAIN AND MEDICAL EXAMINER ALONG TO HEALTH AND MEDICAL PROBLEM. TO HEALTH AND MEDICAL SERVICES OF WESTON STREET SURIAL, CREMATION, OR REMOVAL.

VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

DIVISION OF TO MEDICAL EXAMNER: THIS CERTIFICATE EXECUTE THE CERTIFICATE, WRITING THE WAGE A SHOULD BE FORWARDED TO THE ATTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BE	
07/84 BP 25M DHMH - 17	
(VR A15 ME (5))	

Marzullo Funeral Service

1. DECEASED NAME FIRST		WIDDLE	LAST		2a. DATE	KNOWNXIX	нтиом	DAY YEAR	2b. HOUR
Willi	am	Ε.	Weller			H MATED	5-1	7 1985	N
SEX 4. RACE	5. DATE OF BIRTH	YEAR LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24	HRS. 2c. DA		MONTH	DAY YEAR	1:23
Male White	10 3	1943 LASI BIRTHDAY) 41 YRS.	MONTHS DAYS	HOURS	DE A		5-1	7 1985	a. M
To BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WH	IAT COUNTRY? 8	MARRIED N	EVER MARRIED	XX P. BALTI	MORE CITY O	R COUNTY	OF DEATH	
Kentucky	U. S		WIDOWED [	DIVORCED	□ Bal	timore	City,		MD
10. CITY OR TOWN OF DEATH		PITAL, NURSING HOME, C	OR OTHER INSTIT	UTION 1	2a USUAL OCC		OF WORK	OR INDUST	
Baltimore		berty Height	s Ave	lawn	Custod	ian		Post O:	
USUAL RESIDENCE (IF IN NURSING HOME O 3a, STATE 13b COUNT				CITY LIMITS? 13	1. STREET AND	DESS		120	7
Maryland		Baltimore	YES X	NO 🗆	3e STREET ADD	5005	Liber	ty Hei	ghts
14. FATHER'S NAME	MIDDLE	LAST	15 MOTI	HER'S MAIDEN	NAME	WIDDLE		LAST	
Joseph	WIDDLE	Weller		Alice		MIDDLE		Rear	don
164. WAS DECEASED EVER IN U.S. ARA	AED FORCES?	166. SOCIAL SECURITY N						Ponca .	
No		407-60-2201	l Jos	eph F.	Weller	Ft. Wa	shing	ton, Md	.20744
18 CAUSE OF DEATH (Enter and	y one cause per line	far (a), (b), and (c).)			2			APPROXIMAT	
PART I DEATH WAS CAUSED	E CAUSE (a)	unshot Wound	of Head	d (1	unspeci:	fied)			
	DUE TO, OR	AS A CONSEQUENCE OF						100	
Canditians, if any, which gave rise to immediate	(b)							*	
cause (a) stating the under- lying cause last.	DUE TO, OR	AS A CONSEQUENCE OF	9'	UPUL.					11 11 11
Tyring Couse Iosi.	(c)								
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TO DATE OF OPERATION  TO DATE OPERATION  TO DATE OF OPERATION  TO	19b. CONDIT	ION FOR WHICH OPERAT	ION WAS PERFO	RMED?				20 AUTOPSY	?
E E								YESXX	NO 🗆
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UNDERLYING XX OR CONTRIBUTING CAUSE OF D			subject	was sl	hot				
216. INJURY OCCURRED	2Te PLACE C		211 LOCATION	- 1140 01					
WHILE NOT WHILE AT WORK		reet-lawn	5005 L	berty I	Heights	Ave.,	Balto	., Md.	STATE
22a. I certify that-Ltaak charg			Autapsy XX	Inspection	, Inquir	LJ	d in my apir		
	al causes.	Accident . Suicid			Undetermined i		а іп ту аріг	lion	
death resulted from: INdiur	1 Of	Accident		SPECIFY)	Onderermined i	nomer,			
ACTUAL SIGNATURE	1 / Sh	yoh May		,	_MEDICAL EXA	MINER	DATE	5-1	7-85
EXAMINER'S NAME Denn (TYPE OR PRINT)	is F. Smy		ADDRESS		enn St.		., Md	. 2120	01
23a BURIAL, CREMATION, REMOVAL 2	3b. DATE	23c. NAME OF CEME	TERY OR CREMA	ORY	23d LOCATION		T COUNT	Y y 5	TATE
(SPECIFY) Burial	5-21-8	5 Rest Have	memor:	lai rar	k Louis	ville,	Jelle	rson, Ke	entuck M

Reisterstown, Md.

alego, and a street . I salfe Mining State (1991) Interpretation of the Control o

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR	C	ERTIFICATE OF DEATH	REG. NO.	
		VELLS	20 DATE OF DEATH MONTH MAY	2 1985 10:50 M
FEMALE	WHITE A	DATE OF BIRTH	80 YRS	IF UNDER 1 YEAR IF UNDER 23 HRS. MONTHS DAYS HOURS MIN.
ARPAIS FERRY W.V.	1 U.S.A. W	IDOWED DIVORCED	BALTO. CIT,	MC
BALTO-CITY NA	AMILTON NURSIN	GHOME		126 KIND OF BUSINESS OR INDUSTRY
mb. Punty	HER INSTITUTION GIVE RESIDENCE BEFORE ADM	YES NO P		OAK RD. 2123
GEORGE MID	CLINE	LELIA	WIDDIE	COX
PART I. DEATH WAS CAUSED B	BY: PAIE		A LA	BETWEEN ONSET AND DEATH
couse (o), stoting the underlying couse lost.	(c)		INAL DISEASE OR CONDITION GIV	VEN IN PART I 10
190 DATE OF OPERATION	196. CONDITION FOR WHICH OPE	eration was performed	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	ED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM.	ETC ) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
sow the deceased alive on	attended the degeosed from 1/2 19 FJ		deoth occurred on the date and hou	19. that (I) (we) los or and from the couses stated
22b. SIGNATURE	Kumel		MEDICAL STAFF DIRECTOR   PHYSICIAN	5 11 115
226 SIGNATURE  224 PHYSICIAN'S NAME (TYPE OR PHYSICIAN'S NAME (TYPE OR PHYSICIAN'S NAME (TYPE OR PHYSICIAN)		ATTENDING PHYSICIAN E	OUD SPRING C	5 11 11 5 A.
226 PHYSICIAN'S NAME (TYPE OR PE DR. ALAN KIN BURIAL, CREMATION, REMOVAL (SPECIFY)	23b DATE 23c NAM	ATTENDING PHYSICIAN COMPANY COMPANY PATCH CHARLEST OF CREMATORY	DIRECTOR DPHYSICIAN D	D. CO. MD
BIBLI	RTHPLACE (STATE OR FOREIGN 76 COUNTRY)  ALRESIDENCE (IF NURSING DOME OR OR OT STATE  ALRESIDENCE (IF NURSING DOME OR OT STATE  WAS DECEASED EVER IN U.S. ARME  VES, NO ORLUNKNOWN)  18 CAUSE OF DEATH (Enter only). PART I. DEATH WAS CAUSED E  IMMEDIATE (COUNTRY)  Conditions, if ony, which gove rise to immediate couse (D), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CO  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER NOTEY MEDICAL EXAMINER)  210. INJURY OCCURRED  WHILE AT WORK  NOT WHILE AT WORK  AT WORK  220.1 certify that (1) (this hospital)	ALRESIDENCE (IF NURSING JOME DR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADM STATE  WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO OR JUNKNOWN)  18 CAUSE OF DEATH (IF YES, GIVE WAR OR DATES)  18 CAUSE OF DEATH (IF YES, GIVE WAR OR DATES)  19 DUE TO, OR AS A CONSEQUENCE  CONTRIBUTING COUSE OF DEATH  UNDER TO, OR AS A CONSEQUENCE  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH  (IF EITHER NOTIFY MEDICALE EXAMINER)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH  (IF YES IN CONDITION FOR WHICH OPE  19 DATE OF OPERATION  19 DATE OF INJURY  HOUR A.M. MONTH DAY  ALL WORK  ALL WORK  10 DATE OF INJURY  ALL WORK  11 DATE OF INJURY  ALL WORK  12 DATE OF INJURY  ALL WORK  12 DATE OF INJURY  ALL WORK  12 DATE OF INJURY  ALL WORK  13 DATE OF INJURY  ALL WORK  14 DATE OF INJURY  ALL WORK  15 DATE OF INJURY  ALL WORK  16 DATE OF INJURY  ALL WORK  17 DATE OF INJURY  ALL WORK  18 DATE OF INJURY  ALL WORK  18 DATE OF INJURY  ALL WORK  18 DATE OF INJURY  ALL WORK  18 DATE OF OPERATION  19 DATE OF INJURY  ALL WORK  19 DATE OF OPERATION  19 DATE OF INJURY  ALL WORK  17 DATE OF INJURY  ALL WORK  18 DATE OF INJURY  ALL WORK  18 DATE OF INJURY  ALL WORK  18 DATE OF INJURY  ALL WORK  18 DATE OF INJURY  ALL WORK  18 DATE OF INJURY  ALL WORK  18 DATE OF INJURY  ALL WORK  18 DATE OF INJURY  ALL WORK  18 DATE OF	TEASED NAME  TO REINT STATE OR FOREIGN  X  4 RACE  THE WHITE  THE	CEASED NAME  TO REPORT)  TO PRINCIPLE  TO PR

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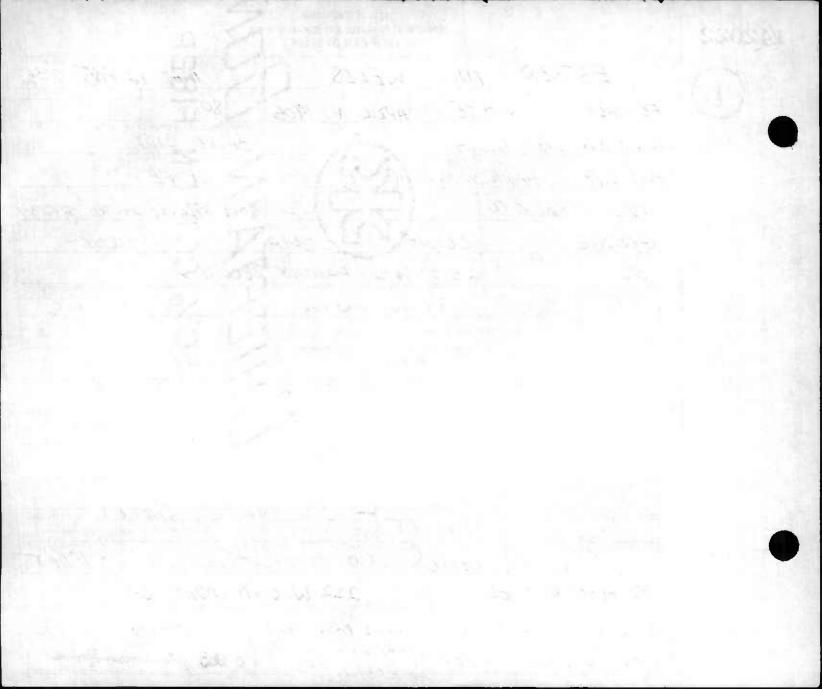
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and should be detached for use as the burial-transit permit. Then please remove carbon papers. Pager with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the

retained by the haspital or attending physician.

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(VRA 15, 4)



death certificate be executed within 24 hours

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OR ATTENDING PHYSICIAN: The low or offending physicion.

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FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ASED NAME FIRST PRINT)  CHARL  MA/E  HPLACE (STATE OR FOREIGN INTRY)  OR TOWN OF DEATH  HUMMALE  RESIDENCE (IF NURSING HOME O	ARACE WAITE  Th. CITIZEN OF WHAT COUNTR  U.S.  11. NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STRE	5. DATE OF MONTH	ELSH SA F BIRTH UAY 1900 W NEVER MARRIED	6. AGE (IN	PEDEATH MONTH  SEARS LAST BIRTHDAY)  YEARS CLAST BIRTHDAY)  YEARS CLAST BIRTHDAY)  YEARS CLAST BIRTHDAY		12 · 3
OR TOWN OF DEATH  ALTIMONAL  RESIDENCE (IF NURSING HOME O	7b. CITIZEN OF WHAT COUNTRY  U.S.  11. NAME OF HOSPITAL, NURS	Y? 8. MARRIED	4 190	9 PAITIM	75 YRS	MONTHS DAYS	
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E/KWE	AIDDLE WELL	SH	15. MOTHER'S MAIDEN	RHA	Blady!	s Bu	icei
				WELSH	ADDRESS S/A	13e	
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DATE OF OPERATION					TOPSY? 20b. IF Y	YES, WERE FINDI	NGS USE
OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH P.M.	DAY YEAR		CURRED (ENTER N	IATURE OF INJURY IN ITEM 1.	8 PARI I OR PARI 2)	
WHILE NOT WHILE I	(AT HOME, STREET, FACTORY, OFFIC	_	SIREET	E1= .	CITY OR TOWN	COUNTY	5 Ab
sow the deceased alive an obove, (1) (ww) (did) (did not) view the body after death  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							
PHYSICIAN'S NAME TIPPE PLATENT J.	OR DWYLL M	NBUL.	3001 S	HANOL	10 0 0 - 0		k.
		7. 00					
9 1 2	CAUSE OF DEATH IENTER OF DEATH OF WAS CAUSE OF DEATH IENTER OF DEATH OF WAS CAUSE OF DEATH OF WAS CAUSE OF DEATH OF WAS CAUSE OF DEATH OF WAS CAUSE OF DEATH OF WAS CAUSE OF DEATH OF WAS CAUSE OF DEATH OF WAS UNDERLYING OF WAS UN	S DECEASED EVER IN U.S. ARMED FORCES?  SO OR UNKNOWN]  (IF YES, GIVE WAR OR DATES)  PART I. DEATH IEnter only one cause per line for IoI, (b), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSECTION (b) GOVE 101, Stofting the underlying couse lost.  ART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CONTRIBUTING TO CAUSE OF DEATH  B. DATE OF OPERATION  19b. CONDITION FOR WHITE  CONTRIBUTING CAUSE OF DEATH  CIP EITHER NOTIFY MEDICAL EXAMINER)  COLD WHITE  WORK NOT WHITE  ALL WORK  19 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE OR OND CONTRIBUTING)  SOW the deceosed olive on contributing  19 CONDITION OF INJURY  (AT HOME, STREET, FACTORY, OFFICE OR OND CONTRIBUTING)  SIGNATURE  19 PHYSICIAN'S NAME (19PE OR PRINT)  METILAL S. WATCH.	EXECUTION OF INTERPRETATION  TO DATE OF OPERATION  TO DATE OF OPERATION  THE STREET, FACTORY, OFFICE, FARM, ETC.)  TO DE CONDITION OF THE COUNTY OF THE COUN	S DECEASED EVER IN U.S. ARMED FORCES? NO OR UNKNOWN]  (IF YES, GIVE WAR OR DATES)  WITH  PART I. DEATH IENTER only one cause per line for tol, (b), and (c.)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF Good rise to immediate ouse (o), stating the ouse (o), stating the ouse (o), stating the ouse lost  ODE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gove rise to immediate ouse (o), stating the ouse (o), stating the ouse lost  (c)  DUE TO, OR AS A CONSEQUENCE OF  ODE TO, OR AS A CONSEQUENCE OF  (c)  DUE TO, OR AS A CONSEQUENCE OF  ODE TO, OR AS A CONSEQU	SDECEASED EVER IN U.S. ARMED FORCES?  BO BOLINKHOWN I LIFYES, GIVE WAR ORD DATES)  CAUSE OF DEATH (Enter only one cause per line for 101, (b), ond 10:1  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate louse (o), stoting the louse (o), st	SDECEASED EVER IN U.S. ARMED FORCES?  NO OR UNKNOWN]  1(9'YES GIVE WAR OR DATES)  220 10 9747  SARAH J WRLSH  S	S DECEASED EVER IN U.S. ARMED FORCES?  IN SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  NO GE UNKNOWN!  If YES GIVE WAS OR DATES!  ADDRESS  SARAH J WILLSH SA 13C  CAUSE OF DEATH Enter only one cause per line for 101, (b), and 10-11  PARTI. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE 10)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse (o1), stoting the inderlying couse lost.  (c)  DUE TO, OR AS A CONSEQUENCE OF  (d)  DUE TO, OR AS A CONSEQUENCE OF  (e)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DUE TO, OR AS A CONSEQUENCE OF  (d)  DUE TO, OR AS A CONSEQUENCE OF  (e)  DUE TO, OR AS A CONSEQUENCE OF  (d)  DUE TO, OR AS A CONSEQUENCE OF  (e)  DUE TO, OR AS A CONSEQUENCE OF  (d)  DUE TO, OR AS A CONSEQUENCE OF  (e)  DUE TO, OR AS A CONSEQUENCE OF  (e)  DUE TO, OR AS A CONSEQUENCE OF  (f)  DUE TO, OR AS A CONSEQUENCE OF  (e)  DUE TO, OR AS A CONSEQUENCE OF  (f)  DUE TO, OR AS A CONSEQUENCE OF  (g)  DUE T

DHMH - 16 50M 4/83 (VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR - STATE REGISTRAR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

1	4	3	4	6

- 6						REG. INC	J.			
		EASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH	MONTH D	AY YEAR	26. HOUR	
Н	Jiire	Then	HIE V	U	Jest	5	-16.	-85	110	
3	. SEX		4. RACE	5. DATE		6 AGE (IN YEARS LAST BIRT		FUNDER TYEAR	IF UNEER 24 HR	
	fę	male	white	Jui	ne 20,1919	65		ONTHS DAYS	HOURS MIN	
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		ryland	USA	MARRIE	D NEVER MARRIED	Baltimor				
E 1		Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	WIDOW		12a USUAL OCCUPATION		4	F BUSINESS C	
r 1		ltimore	(IF NOT IN SUCH FACILITY, GIVE STREE		OK OTHER INSTITUTION	(TYPE OF WORK FOR MOST O	F WORKING LIFE	INDUSTRY		
	9		Deaton Hos	204/	red Center	housewif	е	own	home	
	30. S	IL RESIDENCE 1# NURSING HOME OR TATE 13b COUN			1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE			
2	Ma	ryland. Bal	timore Baltim	ore	YES NO	1820 Spen	CO St	root	21230	
		THER'S NAME			15. MOTHER'S MAIDEN NA	WE	<del></del>	1000	21230	
70			MIDDLE LAST		FIRST	MIDDLE		LAS	T	
		nnings Orndo (AS DECEASED EVER IN U.S. AR		LIRITY NO	Henrietta 17 INFORMANT	Krouse	SS			
Т			VE WAR OR DATES	.OKIII 140.	I I I I O I O I I I I I I I I I I I I I				2122	
	no				Mr. Morton	D. Orndor	ff 9(	2 Gro	vehil	
		18 CAUSE OF DEATH (Enter on	nly one cause per line for (a), (b), o	ind (c).1	S			BETWEEN	MATE INTERVAL ONSET AND DEATI	
П		PART I. DE ATH WAS CAUSE	TE CAUSE (a)		Mysis-			1 300	m	
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1		Canditions, if any, which	DUE TO, OR AS A CONSEQU	JENCE OF	rancipul 1	ianue		de	N	
ı		gave rise to immediate	(b)							
ı		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	JENCE OF						
ı			(c)							
	,	PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO	DEATH BUT	T NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART TO	3	
	흔									
	3	190 DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATIO	ON WAS PERFORMED	20a AUTOPSY?		WERE FINDING CAUSES		
	E					YES NO	YES		NO 🗌	
	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	RT I OR PART 2)		
	_	OR CONTRIBUTING CAUSE OF DEA								
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	21f LOCATION					
ı	ME		(AT HOME, STREET, FACTORY, OFFICE.	, FARM, ETC )	STREET	CITY OR TO	WN	COUNTY	STATE	
		WHILE NOT WHILE AT WORK			11.1	-chi		45		
1		220.1 certify that (I) (this hospital) attended the deceased from 19 to								
Н		saw the deceased alive on								
ı		22b. SIGNATURE	7/1		DEGREE			22c. DATE	SIGNED	
L			1 Warm	i)	ATTENDING PHYSICIAN	MEDICAL STAR		5/1	6/45	
1		22d. PHYSICIAN SNAME (TYPE C	OR PRINT)	V	22e ADDRESS	J DIRECTOR THISIC	IAIT []	1		
1		1< (1)	1 (nN)		611	1) Chaples	1+	B6)+	MI	
1		1	r-41,		01.	0. 0	1,1	1000	עוד	
2	30. B	URIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY	23d. LOCATION  CITY OF TOWN		COUNTY	STATE	
	B	urial	5/20/85 M	eadov	wridge	Dorsey	Ho	ward	Maccal	
2	4 FU	INERAL DIRECTOR			25a. DAT	E REC'D. BY REGISTRAP	esh. REGISTS	WAR STONAT	URE	
П	1	NAME	ADDRESS	. =	120/	WAY 1 1 HO				

INC. 1328 Supher Jp- Rd

IMPORTANT: If hem 21 is morked or Item 18 shows any injury, or other traumatic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician BP DHMH - 16 50M 4/83 (VRA 15, 4)

156100 1 - FOR STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

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REG	NO.				

٦	I. DEC	CEASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH MONTH DA	AY YEAR 26 HOUR
1		Jessam	ine	Wheel	ler	May 27, 1985	м
1	1.558		4. RACE	5. DATE C			FUNDER I YEAR IF UNDER 24 HRS
1		Female	Black	MONTH 9	26 27	5.7 YRS.	ONTHS DAYS HOURS MIN.
		RTHPLACE (STATE OR FOREIGN )	76. CITIZEN OF WHAT COUNTS	MARDIE	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY O	
1	1	N.Carolina	USA	WIDOWE		Baltimore City	y MD.
		altimore	11. NAME OF HOSPITAL, NUR IENOTH SUCH FACILITY GIVE STI 2000 Ode 11 A	REET ADDRESS)	APT.1623	12th USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
	USUA	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)		•	Ant 1623
5	13a. S	MD 13b COUN	Baltim	ore	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS / ZIP CODE 2000 Odell Ave	. 21237
П	14. FA	THER'S NAME	AIDDLE LAST		15. MOTHER'S MAIDEN NA	ME	IAST
9		Lathan	Moore		Bernice	C	room
/		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 16b SOCIAL SI	ECURITY NO.	17. INFORMANT	ADDRES Gold	sboro, N.C.
		NO	238-36	5-9025	Bernice Mo	ore 419 Warsaw	Ct. 27530
- 1		18. CAUSE OF DEATH (Enter onl	y ane cause per line for (a), (b),	and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DE ATH WAS CAUSED	E CAUSE (o)	O CATO	ROIAL IN	4 ARCTION	Minute
			DUE TO, OR AS A CONSE	OLIENCE OF			
		Conditions, if any, which		onery	avtery	disease	15 years
- 1		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE				. 1
	ш	underlying cause last	(6)	activet of		4	
		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART Ito
	CERTIFICATION						
2	CA	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
-	E					YES NO YES	
2		OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21t. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI	RT I OR PART 2}
	Z Z	(IF EITHER, NOTIFY MEDICAL EXAMINER)	in .	19			
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	CE EARM FIC )	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	2	AT WORK NOT WHILE	TATTOME STREET, FACTORY, OFF	CE, PARM, ETC. )			
	П	220.1 certify that (1) (this hospite		m war	4 19 95	10 Mpy 20 , 11	9, that (1) (we) last
	ш	saw the deceased alive on above, (1) (we) (did) (did not	view the body after death.	3,0	nd that in (my) (aur) apinion (	death accurred on the date and hour	and from the couses stated
- 1		27k SIGNATUR		,	DEGREE		224 DATE SIGNED
		1 Um	man		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
1		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)		22e ADDRESS		
		Iva f	t. Morris	M.D.	2000	o over of	4
		URIAL, CREMATION, REMOVAL		3c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	
	1	BURIAL	5/31/85 A	rbutu	s Memorial	Pk. Arbutus,	Md.
1		INERAL DIRECTOR			25e DAT		AR'S SIGNATURE
-	W	m.∾c. March F/H	1101 E. Nort	h Ave.	MA	Y 3 1 1985	I attack

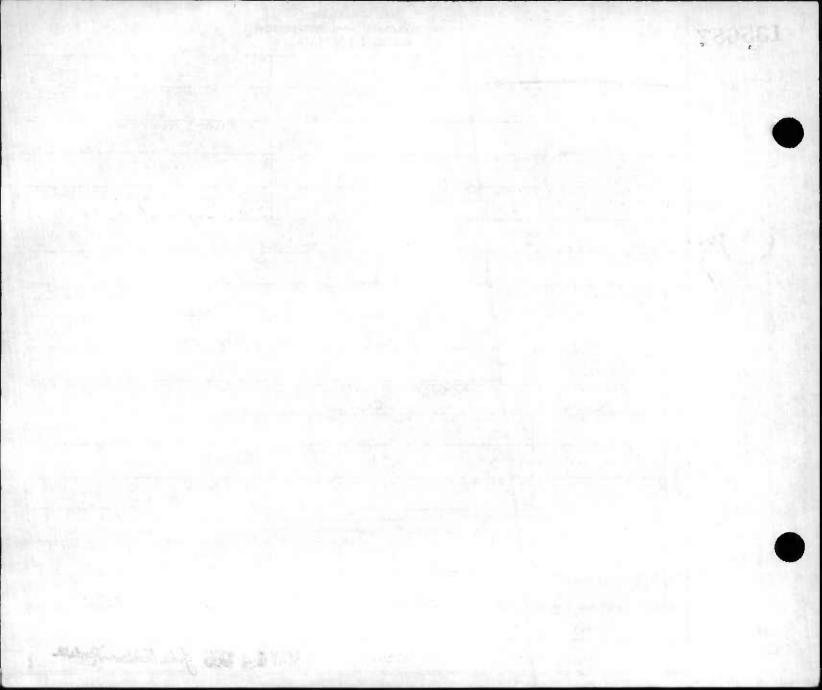
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TO FUNERAL DIRECTOR, AHIshould be detected for use on with the State Dept of Health MAPORTANT, if them 21 is more

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age 4 may be irector, page 3 ours offer death	3. SE	CEASED NAME FIRST Antoine White 20 DATE OF DEATH MONTH DAY YEAR 20. HOUR SOME AND DAY YEAR 21. HOUR SOME AND DAY YEAR 22. HOUR SOME AND DAY YEAR 22. HOURS AND MAIL AND DAY YEAR 22. HOURS AND MAIL AND DAY YEAR 22. HOURS AND MAIL AND DAY YEAR 22. HOURS AND MIN. DAY YEAR 22. HOURS AND MIN. DAY YEAR 22. HOURS AND MIN. DAY YEAR 22. HOURS AND MIN. DAY YEAR 22. HOURS AND MIN. DAY YEAR 22. HOURS AND MIN. DAY YEAR 22. HOURS AND MIN. DAY YEAR 22. HOURS AND MIN. DAY YEAR 22. HOURS AND MIN. DAY YEAR 22. HOURS AND MIN. DAY YEAR 22. HOURS AND MIN. DAY YEAR 22. HOURS AND MIN. DAY YEAR 23. HOURS AND MIN. DAY YEAR 24. HOURS AND MIN. DAY YEAR 24. HOURS AND MIN. DAY YEAR 25. HOURS AND
21201 Identifier deoth. P	10. C	IRTHPLACE (STATE OR FOREIGN COUNTRY)  18 MARRIED NEVER MARRIED OF BALTIMORE CITY OR COUNTY OF DEATH  USA  WIDOWED DIVORCED  ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STEET ADDRESS)  AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  P BALTIMORE CITY OR COUNTY OF DEATH  MD.  126 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
BALTIMORE, MARYLAND 2 core and core and a subject to the core and a su	14 F/	ATHER'S NAME FIRST  MADDLE  MADDLE  MADDLE  MADDLE  MADDLE  MAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO OR UNKNOWN   (IF YES, GIVE WAR OR DATES)  MADDLE  MAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO OR UNKNOWN   (IF YES, GIVE WAR OR DATES)
W. PRESTON ST.,  of the deoth certiful  y the attending ph  se remove corbonp  cremation, ar remo		18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c)  PART I. DEATH WAS CAUSED BY:  (MMEDIATE CAUSE (a) Card to respiration for the provided form of the provid
VITAL RECORDS, 20 N: The law requires systian. Cate has been signed constitution from pl Hygiene priar to burn 18 shows any injury, c	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 TO  (190. DATE OF OPERATION   196. CONDITION FOR WHICH OPERATION WAS PERFORMED   200. AUTOPSY2   206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH2   YES   NO   YES   NO   OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. MONTH DAY YEAR   21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
a o o o o	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220. I certify that (I) (this hospital) attended the deceased from 1990 1990 1990 1990 1990 1990 1990 199
TO HOSPITAL OR ATTEN retained by the hospital TO FUNERAL DIRECTOR should be detached for us with the Store Dept. of He MPORTANT. If them 21 is		sow the deceased alive an
BP	230	BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN COUNTY STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	Anatomy Board  ADDRESS Balto., Md.  ADDRESS Balto., Md.  ADDRESS Balto., Md.  ADDRESS Balto., Md.



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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Seal		Section 1
	PEC.	NO

Guia Laurdson Bandon

-1			1122					
	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYGIE ICATE OF DEATH	REG. N	0. 4.	3 4 9	
	1. DECEASED NAME CECTL (TYPE OR PRINT)				20 DATE OF DEATH	NONTH DAY YEAR	10:50pm	
	FEVALE	4 RACE	5. DATE O	DAY YEAR	AGE (IN YEARS LAST BIR		IF UNDER 24 Firs HOURS MIN.	
4	Je BIRTHPLACE (STATE OR FOREIGN MARYLAND	76 CITIZEN OF WHAT COUNT U.S.A.	RY? 8. MARRIED WIDOWE	NEVER MARRIED '	Baltimore City o	e City	MD.	
	10. CITY OR TOWN OF DEATH  Baltimore	11. NAME OF HOSPITAL, NUF (IF NOT IN SUCH FACILITY, GIVE ST Francis Scott	Key Med	rother institution	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O		BUSINESS OR	
0	USUAL RESIDENCE (IF NURSING HOME OF 13a STATE 13b COU	ROTHER INSTITUTION, GIVE RESIDENCE BE	OWN	134 INSIDE CITY LIMITS?	6508 Rive	zip code	21222	
1	14 FATHER'S NAME FIRST Henry A	1fred Schr	nepf	15 MOTHER'S MAIDEN NAM PIRST	WIDDLE	Brehm		
	160 WAS DECEASED EVER IN U.S. AI (YES NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIALS 212.5.5		Thomas M. Wh	ite (Son)	(Same as 13e	2)	
	PART I. DEATH WAS CAUS	nly one cause per line for (a), (b) ED BY: ITE CAUSE (a) RESPI	ratory	Distress		APPROXIM BET WEEN ON	ATE INTERVAL NSET AND DEATH	
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	KENVE	Heart f	alure		A COLOR	
		CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CON	DITION GIVEN IN PART 11a		
-	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WH	IICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES		
2			DAY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)		
	CONTRIBUTING CAUSE OF DE CAUSE	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	ICE. FARM ETC )	214 LOCATION STREET	CITY OR TO	wn COUNTY	STATE	
	saw the deceased alive ai	220.1 certify that (1) (this hospital) attended the deceased from \$120, 19.85, that (1) (we) last saw the deceased alive an \$120, and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above. (1) (we) (did) (did not view the bady after death.						
	22b. SIGNATURE	i RoKatonek	2 7	DEGREE  NO - ATTENDING	MEDICAL STAI		IGNED	
	Stephanie	D. Kafone	ار	22e ADDRESS		,		
	23a BURIAL, CREMATION, REMOVAL	L 23b DATE 2	23t. NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	Burial	5/23/1985	Gardens	of Faith Cem.	Rosedale	Balto.	Marvland	
	24 FUNERAL DIRECTOR	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				25b. REGISTRAR'S SIGNATU		

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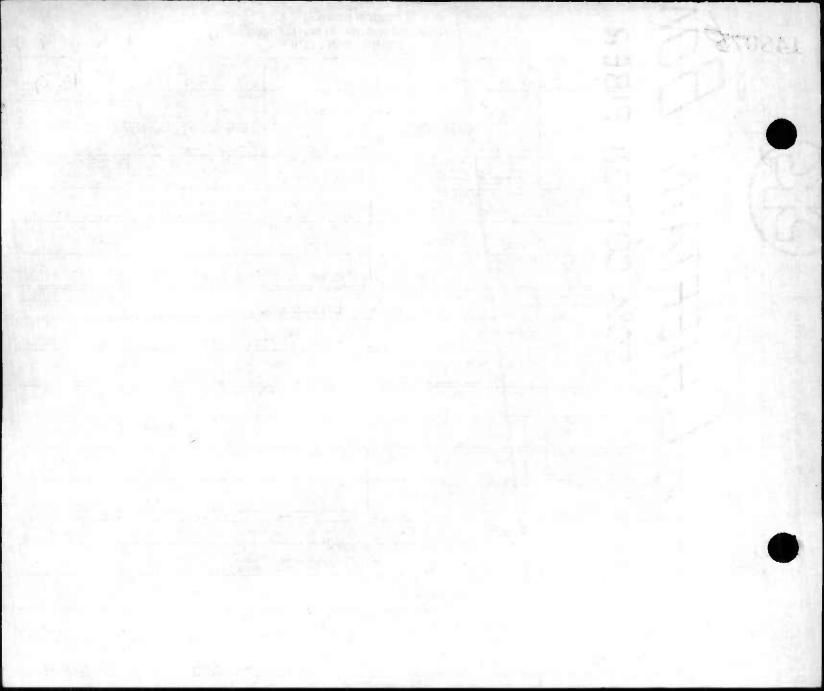
DHMH - 16 60M 7/84

MPORTANT.

Walter Brooks Bradley Inc., Dundalk, Md.

(VRA 15, 4)

TO FUNERAL DIRECTOR

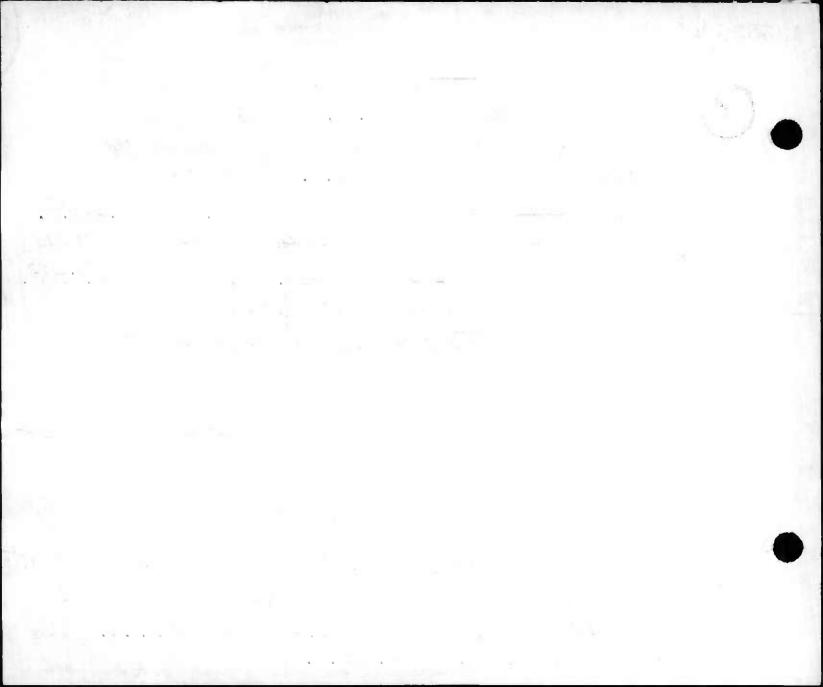


## STATE OF MARYLAND

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35596	1-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE S 4 5 5 0 CERTIFICATE OF DEATH				
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
	1. DE	CEASED NAME FIRST	MIDDLE	EAST	20. DATE OF DEATH MONTH	OAY YEAR 26 HOUR	
# 75	(TYPE	ORPRINT) STEL	10	Whiteman	5	11 85 5A M	
OH 0 0	3. SE		4 RACE	S. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	
A /		<i>female</i>	White	Sept. 27, 1909	75 YRS.		
	. (	RTHPLACE (STATE OR FOREIGN CHUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED   NEVER MARRIED	9. BALTIMORE CITY OR COUNTY Baltimore	C	
d the		TY OR TOWN OF DEATH		WIDOWED XX DIVORCED TO HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	(ity MD. 126. KIND OF BUSINESS OR	
# # # 100 m	B	altimore	JOHN L DEA	Ton Balto. Md.	TOUSEULLE WORKING LI	FE) INDUSTRY	
24 hour	130.5	AL RESIDENCE (IF NURSING HOME OF ITATE 13b. COUNTY)	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)  VN #134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COD	St. Balto 178	
d within pletely and 2 sho comined		Alexander	MIDDLE Ozdar	15. MOTHER'S MAIDEN, NAM	ΛĒ	Brudjirski,	
d com		VAS DECEASED EVER IN U.S. AR			ADDRESS	Va 22032	
2 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	L '	No	217-09-	4475 Margaret B.	Lyon, 4425 Rocken	est On Fairiox.	
physics physics pmoval event, th		PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b), aid BY: TE CAUSE (a)	tims heart fin	lus	BETWEEN ONSET AND DEATH	
oth cer ending e carbo masic r			DUE TO, OR AS 1.0 ON SEQU	ENCEJOF A COMMUNICATION	1 > Vandas de	de	
bot the de by the off ase remarks 3, crematin other trau		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU	ENCE OF	1		
equirm 1 The pla to kirro injury, or	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION GR	VEN IN PART Ita	
NG PHYSICIAN: The low requires the catending physicion. After this certificate has been signed os the buriol-transit permit. Then ples than demand Hygiene prior to blurod orked or them 18 shows ony injury, as	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	INCERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH?	
HYSICIAN: The iding physicions wis certificate burial-tronsit in Mental Hygie or Item 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D		RED (ENTER NATURE OF INJURY IN ITEM TE	PART 1 OR PART 2)	
PHYSIG ending this ce e buring d Mening	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211. LOCATION	CITY OR TOWN	COUNTY STATE	
DING P or offer After the se os the colth and morked	_	WHILE NOT WHILE AT WORK		1-1004 17 1925	5/11/	19 1 that (line) last	
		saw the deceased alive on	ottended the deceased fram.	, and that in (my) (aur) opinian	death occurred on the date and had		
AL OR ATTEN y the hospital tAL DIRECTOR detached for u ofe Dept. of He IT. If hem 21 is		22b. SIGNATURE	at) view the bady after death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED	
HOSPII Ined by FUNER VId be ORTAN		224. PHYSICIAN'S NAME LYPE C	OR PRINT)	220 ADDRESS	hules st	Balt. MD.	
Of of which	23a. l	BURIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION		
BP		(SPECIFY) Burial		Len Haven Mem. Park	Glen Burnie, A.	A. (o. Maryland	
DHMH - 16 50M 4/83		UNERAL DIRECTOR	//		E REČ'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE	

DHMH - 16 50M 4/83 (VRA 15, 4)



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MPORTANT

- STATE REGISTRAR DECEASED NAME LIVPE OR PRINTS

DRANGE

14 FATHER'S NAME

NO

19a. DATE OF OPERATION

CERTIFICATION

MEDICAL

3 SEX

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL DEPART

	CERTIFICATE OF DEATH	REG. P	٧٥.				
IDDLE	Whitley	20 DATE OF DEATH	MONTH 5	15		310	
1	5. DATE OF BIRTH	6 AGE (IN YEARS LAST B	IRTHDAY)	IF UN	DER I YEAR	IF UNDER	24 HRS
3	MONTH DAY YEAR	26	VDS				7-11142

7a. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA

DIVORCED [ WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

176. KIND OF BUSINESS OR INDUSTRY AMEMAKER r Hoys

BALTIMORE CITY OR COUNTY OF DEATH

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 43a. STATE 13c. CITY OR TOWN 13b. COUNTY 13d INSIDE CITY LIMITS? AGTIMBNG

4 RACE

130 STREET ADDRESS / ZIP CODE NO [ 15. MOTHER'S MAIDEN NAME

LAST MARTHA Belak

ACKSON Clayron (YES. NO OR UNKNOWN)

Estelle

IAN SOCIAL SECURITY NO

LAST

Flaine WOMMACK SI13 SUNSET RO.

PART I. DEATH W	nter only one couse per line for (o), (b), and (c)	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
Conditions, il ony, gove rise to imm couse (0), stotin underlying couse	ote the DUE TO, OR AS A CONSEQUENCE OF	

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

4/12/85	Closure of Colosi	omy	YES X NO	YES [	ио 💆
71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRED	ENTER NATURE OF INJUR	Y IN ITEM 18 PART   OR PART 2)	
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19				
	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	AN CONNIA	51
AT WORK AT WORK		//			

270.1 certify that (1) (this hospital) attended the deceased from sow the deceased glive on May 15 sow the deceased alive on above, (I) (we) (did) (did not) view the body alter death DEGREE

PHYSICIAN 22e ADDRESS

DIRECTOR PHYSICIAN

5/15/85

206 IF YES, WERE FINDINGS USED

Brandecker

230 BURIAL CREMATION, REMOVAL 5.18185

23¢ NAME OF CEMETERY OR CREMATORY

BUNIAG

Markout store 638 Million st

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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6-9	0	~	an

REGISTRAR	C	ERTIFICATE OF DEATH	REG. NO.			
1. DECEASED NAME FIRST	MIDDLE	LAST	2a. DATE OF DEATH MONTH	DAY YEAR 26. HOUR		
DONALT	E. WI	ag ins	5	1 85 11304		
3. SEX	I. RACE 5. I	DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.		
M	Negro	2 25 44	41 YRS	5.		
70. BIRTHPLACE   STATE OR FOREIGN 7	B. CITIZEN OF WHAT COUNTRY? 8.	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH		
North Carolina	US W	IDOWED DIVORCED	BALTIMOR	& CITY MD		
10 CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING H		120. USUAL OCCUPATION	12h. KIND OF BUSINESS OR		
Baltimore	SINAL HOSPITA	L of BALTIMORE		STIFE) INDUSTRY		
USUAL RESIDENCE (IF NURSING HOME OR O 13a. STATE 13b COUNT	Y 13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	DDE		
M9 -	BALTIMOS		1015 DU10	( Itill Ave 2120)		
14. FATHER'S NAME FIRST M	IDDLE LAST	15. MOTHER'S MAIDEN NA	ME	tast .		
Walter	Wiggins	Rosa		Harvard		
160 WAS DECEASED EVER IN U.S. ARM	NED FORCES? 16b. SOCIAL SECURITY	NO. 17 INFORMANT	ADDRESS P	niladelphia, Pa.		
Yes	170-34-349	Betty Shabaz	z 22 N Paxon S	Street 19139		
18 CAUSE OF DEATH (Enter only	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
PART I. DEATH WAS CAUSED						
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0) brain death					
Conditions, if any, which	Conditions it any which					
gove rise to immediate couse (a), stating the	gove rise to immediate					
underlying cause lost.						
PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEAT	TH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART I(g)		
	J. J. J. J. J. J. J. J. J. J. J. J. J. J					
19a DATE OF OPERATION	196. CONDITION FOR WHICH OPE	ERATION WAS PERFORMED		YES, WERE FINDINGS USED		
E _				PRIFYING CAUSES OF DEATH?		
19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	18 PART I OR PART 2)				
On CONTRACT CALLER OF DEAL	n	YEAR				
OR CONTRIBUTING CAUSE OF DEAT  OF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 211. LOCATION				
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, EARM,		CITY OR TOWN	COUNTY STATE		
22a.l certify that (I) (this hospite	all attended the deceased from	1. 29 10 89	10 May 1	19 \$5 , that (1) (we) lost		
sow the deceased alive on_	1100	, and that in (my) (our) opinion				

should be detached for use as with the State Dept. of Health TO FUNERAL DIRECTOR: MPORTANT: If hem 21 is RAAB

24 FUNERAL DIRECTOR

22b. SIGNATURE

FOR

22e ADDRESS SINAI

ATTENDING PHYSICIAN

DEGREE

230. BURIAL, CREMATION, REMOVAL 236 DATE Burial 5/6/85 23c. NAME OF CEMETERY OR CREMATORY Garrison Forest VA 23d LOCATION
CHY OR TOWN
OWINGS Mills,

MEDICAL STAFF
DIRECTOR PHYSICIAN

STATE Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

E. North Ave. William C. March F/H 1101

256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE MAY 2 1085

22c. DATE SIGNED

5, 1.85

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DHMH - 16 60M 7/84

(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	L HYGIENE
LAST	20. DATE C

STATE REGISTRAR DEDEATH MONTH 2b. HOUR DECEASED NAME [TYPE OR PRINT) WILKINS 05 BESS18. Mae 4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER I YEAR & UNDER 24 HPS 3 SEX YEAR BLACK FEMALE 02 06 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Baltimore City Maryland S. WIDOWED DIVORCED | ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Mercy Hospital Domestic Pvt. Family Baltimore 13e STREET ADDRESS / ZIP CODE 2527 Harlem Avenue 13a. STATE 13b COUNTY 13c. CITY OR TOWN Baltimore Baltimore, Maryland Maryland YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Wilkins Lillie Costley Amos 2527 Harlem Avenue 166 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) (YES. NO OR UNKNOWN) 213-26-6281 Baltimore, Md. Mrs. Margaret Roy No. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY CARCINOMA IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. part 2. Other significant conditions contributing to death but not related to the terminal disease or condition given in Part 11:0 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATHS NO 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE STREET AT HOME STREET, FACTORY, OFFICE FARM ETC ) NOT WHILE AT WORK 22a I certify that N (this hospital) attended the deceased fram sow the deceased alive an 5/16 abave, (1) (ne) (did) (did not) view the bady after death. and that in (my) (our) apinion death accurred an the date and have and from the causes stated DEGREE 22c DATE SIGNED 221 SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS MERCY HOSPITAL BELL-LAFFER 23d LOCATION 23a, BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 5/21/1985 Arbutus Memorial Park Baltimore. Maryland 2501 Gwynns Falls Parkway 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 NUTTEEN Sons

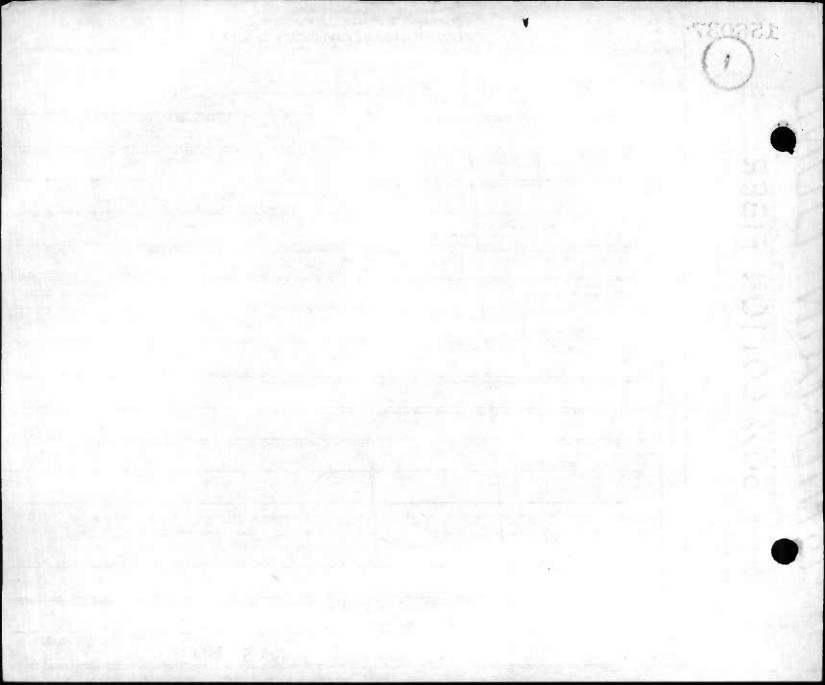
Funeral Home, Inc. Baltimore, Maryland 21216

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sey seletrors, in. 21216 year	irs. Ergunt.	2929-80-815	.01

STATE OF MARYLAND

Items 18-22a 10/9/35 mtb F#608



156034	FOR 1 - STATE REGISTRAR	DEP	STATE OF M ARTMENT OF HEALTH CERTIFICATE	AND MENTAL HYG	REG. NO.
U	I. DECEASED NAME FIRST (TYPE OR PRINT)	5 Henry	Wille	y II	20 DATE OF DEATH MONTH
ge 4 App	3. SEX	4 RACE	5 DATE OF BIRTH	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)  26 YRS
death to	Mo. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	TRY? B MARRIED N	IEVER MARRIED 🔀	Baltimore City OR COUN
ofter the f ed with	Baltimore City	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES Children 3		er institution	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING
filled in by	USUAL RESIDENCE (IF NURSING HOME 130 STATE		TOWN 13d. IN	SIDE CITY LIMITS?	13. STREET ADDRESS 125 Glen Aray
executed within and completely in ages. Lond 2 she edical comment	FATHER'S NAME FIRST	MIDDLE LAST	llev 1	POSE FIRST	Marie
be execut an and ca s. Pages J.		ARMED FORCES? 166 SOCIAL 316-9	84-031 SUS	San Strayer	AN 3825 G
	PART I. DEATH WAS CAU	anly ane cause per line lar (a), (see BY:  IATE CAUSE (a)	lores / 1-1	by ar	est
the death certificate the attending physici remove carbon paper emotion, or removal.	Conditions, if ony, which gave rise to immediate couse ioi, stating the	DUE TO, OR AS A CONS  (b) 1 45(	ular da	s fro Cy	

Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

Y OF DEATH 12b. KIND OF BUSINESS OR LIFE) INDUSTRY NIA NO 18 CAUSE OF DEATH (Enter only one cause per line lar (a), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CERTIFICATION 200 AUTOPSY 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? nonce NO YES NO [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL nove. (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211. LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE (this haspital) attended the deci 220.1 certify that (1) and that in (my) (our) opinion death occurred on the date and hour and from the causes state sow the deceased of (did) (did nat) view the footy DEGREE 22c. DATE \$IGNED ATTENDING PHYSICIAN MEDICAL DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 133d LOCATION)
LITY OR TOWN
Timonium, Balto. Co., Md. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial June 1,1985 Dulaney Valley 6500 York Rd.

25a. DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

26. HOUR Q 30

IF UNDER 24 HRS AATN

BP.

ed by the hospital

HOSPITAL

(VR A 15 (4))

DHMH - 16 50M 1/76

TO FUNERAL DIRECTOR: After

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Item 18 show

MPORTANT: If them 21 is marked or

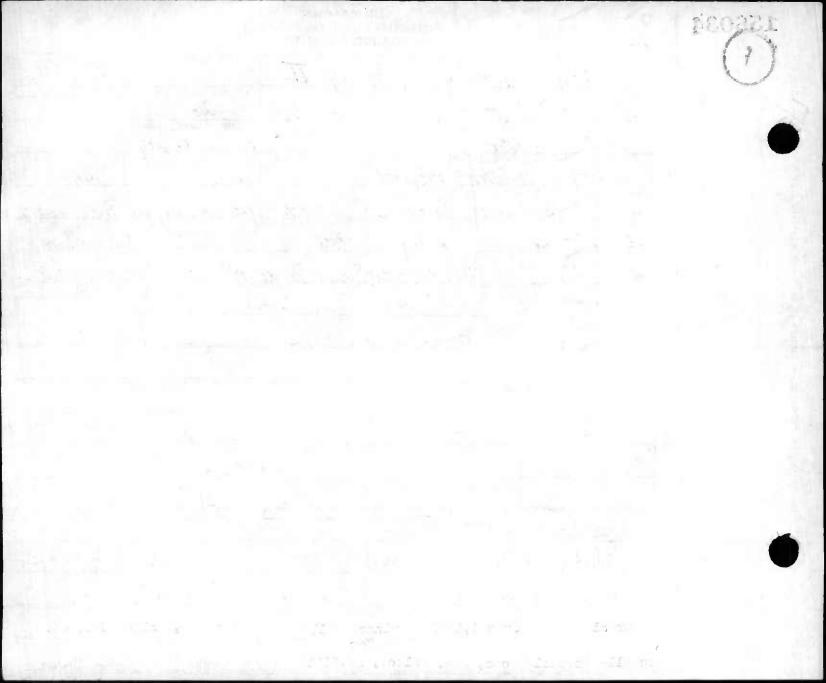
24 FUNERAL DIRECTOR

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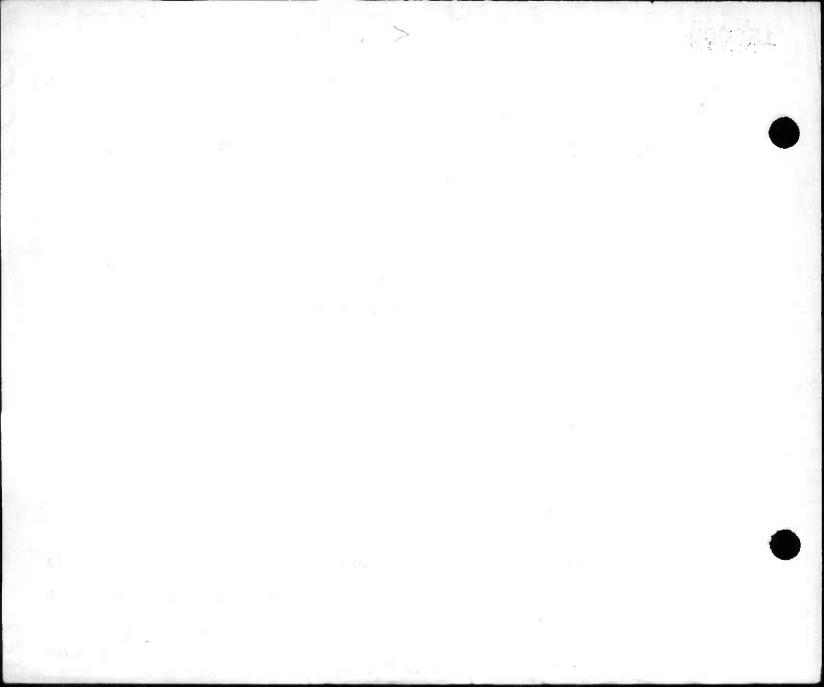
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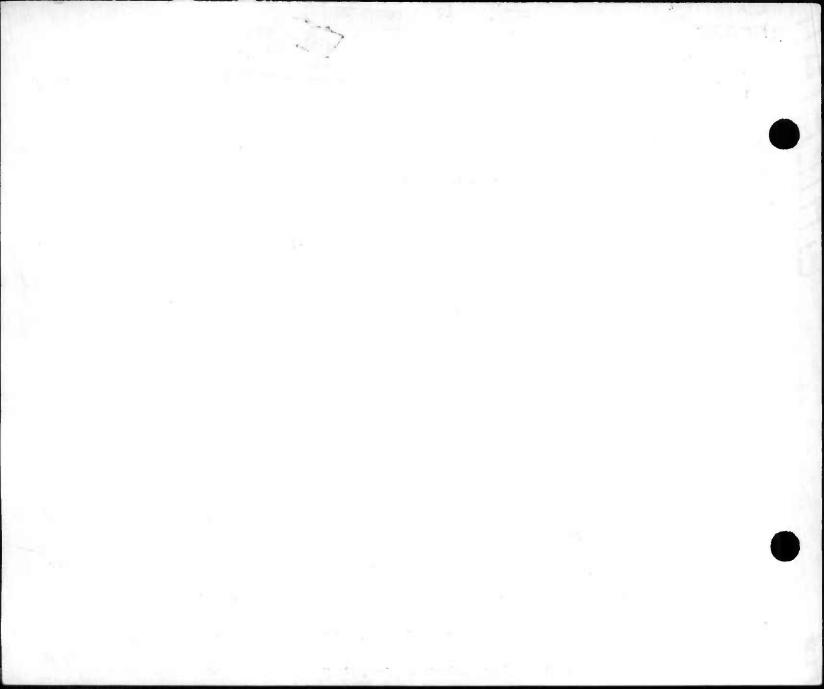
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	PITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 mo by the hospital or attending physician.	IERAL DIRECTOR: After this certificate has been signed by the ottending physician and competely filled in by the funery directions be detached for use as the burial-transit permit. Then please remove corbon papers. Pages Child Should be filed within the interpretation or removal.
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	ITAL 2y t	RAL
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6060	1 -	13/85 Item 13 FOR STATE . REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO	
of h		OR PRINT)  BHBY	GIEL A.	WILLTHMS	20. DATE OF DEATH	3 - 5 - 8 5 4:55
	3. SE	X	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR 3 - 5 - 85	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS MIN
		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	9 9	9 BALTIMORE CITY OF	PAT EITH
by the function of the functin of the function of the function of the function of the function		TY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	ON 126 KIND OF BUSINESS C
filled in b	USU.		OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)	130 STREET ADDRESS /	
30	14. EA	THE'S NAME LEGON Lyn T	Wells S LAST	15 MOTHER'S MAIDEN NA	AME	WILLIPMS
Poges Poges		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDRE	SS
signed by the ottendin Then please remove corb to buriol, cremotion, or njury, or other troumotic	NO	Conditions, if ony, which gove rise to immediate cause (a), stofing the underlying couse lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO	ENCE OF  DEATH BUT NOT RELATED TO THE TERM	minal disease or con[	DITION GIVEN IN PART TIO
hos been prior ene prior ows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
rial-tronsit lental Hygie them 18 short		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR 19	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART ?)
fer this cer os the burn h and Ment orked or Her	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AL WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE I	FARM ETC ) 211 LOCATION STREET	CITY OR TOV	WN COUNTY STATE
CTOR: A for use of Health		sow the deceased alive on	ottended the deceosed from 19 19 19 19 19 19 19 19 19 19 19 19 19	ond that in (my) (fur opinion	, to, to	. 19 that (I) (@) if and hour and fram the causes stated
AL DIRECTOR DETAILS IN THE METAIL OF THE METAIL IN THE MET		226 SIGNATURE	hems	DEGREE  ATTENDING PHYSICIAN  170 ADDRESS	MEDICAL STAF	72. DATE SIGNED 3-6-85
W 0 5 4			obie-	ST AGNE		L BALLIMORE
TO FUNER should be with the Str MPORTAN				LAME OF CEMETERY OR CREMATORY	23d LOCATION	
A See ER	23a E	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	3/20/85 23c.	NAME OF CEMETERY OR CREMATORY  NEW CATHEDRAL  750. DA	CITY OR LOWN	COUNTY STATE



•	deoth. Page 4 may be	unerol direct pure shin 72 hours they death
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ALOR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be with hospital or ottending physician.	ALD IRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the funeral direct property detached for use as the burial-transf permit. Then please remove corbonappers. Pages Legad 2 should be filed within 72 hours from the property of the please remove corbonappers. Pages Legad 2 should be filed within 72 hours.
DIVISION OF VITA	FAL OR ATTENDING PHYSICIAN: The to the hospital or ottending physician.	AL DIRECTOR. After this certificate detached for use as the burial-transit

156057	I .	/13/85 Items 13 FOR STATE REGISTRAR	-13e,14 L.J	TMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	1 4 3 5 7
		ECEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
a Cite )	( IA	BABY GUEL F	3.	WELL	IAMS	5	3-5-85 442 PM
A Card	<b>3</b> . S		RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
9 0 v	-	FEMULE	BLACK	MONTH 3	- 5 - 85		YRS.
sth. Poge rol direc 72 hours	70.1	IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTR	Y? 8	D NEVER MARRIED	9 BALTIMORE CITY O	COUNTY OF DEATH
deoth.		MARYCAWD	u.s.A.	WIDOW	D DIVORCED	BALTIME	IVE CITY MD.
is ofter dec	10. 0	BYLTIMONE DEATH	NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR	EET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF THE OF WORK FOR MOST OF	
24 hour	13a.	STATE 136 COUNTY		NWC	13d INSIDE CITY LIMITS?	13 & STREET ADDRESS	THEOR Bullavard
oletely and 2 shine	IL.		DDLE LAST	-	15 MOTHER'S MAIDEN NA	ME MIDDLE	LAST
D omp	140	Leon Lyn Tor		CLIDITY NO	IN INFORMANT	ADDRE	SS WILLIAMS
o o nd		(YES, NO OR UNKNOWN) (IF YES, GIVE V		COKIT NO.	IZ INTORMAIN		
th certificate be nding physician corbonpapers. F., or removal.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	one couse per line lor (a), (b), BY:  CAUSE (a) SCUEIX  DUE TO, OR AS A CONSEC	£ 400	MATURITY 3	t 23 weeks	APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH
by the otte by the otte se remove cremotion		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	(b)	-			
signe signe hen p to bur	NO.	PART 2 OTHER SIGNIFICANT CO	nditions <u>contributing t</u>	O DEATH BUT	NOT RELATED TO THE TERM	ninal disease or cone	DITION GIVEN IN PART 110
N: The low re systian cate has been consit permit. Hygiene prior Hygiene prior 18 shows only it.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \bigcap \) NO \( \bigcap \)
SICIAN: T ng physic certificate ritol-trans entol Hyg Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
G PHYS  or this cond Me  ord Me  ked or It	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	E FARM ETC )	211 LOCATION STREET	EFTY OR TO	WN COUNTY STATE
A A A A A A A A A A A A A A A A A A A		22a 1 certify that (I) (this Cospilar	Dattended the deceased from	n_3-	5 - 19 85	10 3-5	19 45 that (I) CoPlost
TTEN pitol TOR for u		sow the deceased plive an above, (I) (Ne) (III) (did not)	view the body after death	\$5.0	nd that in (my) ( opinion	death occurred on the da	ite and hour and from the causes stated
OR ATT he hospin DIRECT roched for Dept of		226. SIGNATURE	rew the body site death.		DEGREE		22¢ DATE SIGNED
ZAL DI O ote Do ote Do		myserta	i mo	82		MEDICAL STAF	
- 0 0	7	224 PHYSICUM'S NAME (TYPE ORP			22e ADDRESS		-4/
TO HOSP etoined I TO FUNE should be with the I		M. J. J	cobie			ES 1458717	
7 6 7 3 8		(SPECIEV)		C NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP		BURIAL	3/20/85	NEW (	CATHEDRAL	BALTOI	MD 21229
DHMH - 16 50M 4/83	24.	FUNERAL DIRECTOR	ADDRES	5	1-1-1-1		V
(VRA 15, 4)	H	JBBARD FUNERAL	HOME BALT	О МІ	22220 1 11	N 3 1985	gulia Davidson-Mandale



tely filled in by the funeral director, page 3 2 should be filed within 72 hours ofter death

be notified at once.

# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	FOR STATE REGISTRAR	DEPART	TMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	4 0 3 0
	I. DECEASED NAME FIRST (TYPE OR PRINT)  BEI	RNICE	WILLIAMS	20. DATE OF DEATH MONTH	15 85 1 20 P. M
	female	black	S. DATE OF BIRTH MONTH DAY 12 2 1936	6. AGE (IN YEARS LAST BIRTHDAY) 48 YRS	
1	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  N. C.	76. CITIZEN OF WHAT COUNTRY  USA	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED 🔣		ty MD.
4	IN CITY OR TOWN OF DEATH  BALTIMORE CITY  USUAL RESIDENCE (IF NURSING HOME)	UNION MEMORI		TYPE OF WORK FOR MOST OF WORKIN	
	130. STATE 13b COU		WN 134 INSIDE CITY LIMITS?	501 E. Pres	apt 420 ston Street
	Divan	Pittn	nan Almetia	WIDDLE	Coley.
	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IE YES, C)	ARMED FORCES? GIVE WAR OR DATES! 217-58-		ADDRESS ttman 501 E.	Preston St
	PART I. DE ATH WAS CAUS	only one couse per line for (a), (b), o SED BY: ATE CAUSE (o)	itic Breast Can	cer	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEOL   Ib) Matigne   DUE TO, OR AS A CONSEOL   (c) SPIRA	tory insuffice	inou	
		T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED THE TERM		YES, WERE FINDINGS USED
,	5-13-85	Pleural &	Husim	YES NO PRED (ENTER NATURE OF INJURY IN ITEM	RTIFYING CAUSES OF DEATH? YES NO NO
7	OR CONTRIBUTING CAUSE OF D	DEATH HOUR A.M. MONTH I	YEAR 19 211. LOCATION	KED (ENTER NATURE OF INJURY IN TIEM	18 PART ) OR PART ()
	AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	FARM ETC ) STREET	CITY OR TOWN	COUNTY STATE
	27a.1 certify that (I) this has saw the deceased alive andown, (I) (we) that idea of the control	out affected the decessed from an analysis of the state o	ond that in (my) (our) opinion  DECREE  ATTENDING	MEDICAL STAFF	, 19 , that (1) (we) lost hour and from the couses stated
1	LASAWNDRA W	ATSON, M.D.		PRIAL HOSPITAL	3/3 25
	230. BURIAL, CREMATION, REMOVA (SPECIFY) Burial	- /- /	NAME OF CEMETERY OR CREMATORY Park Astview Memorial	parcimore	COUNTY Md
	24 FUNERAL DIRECTOR	rch F/H 1101 F	1000	Y 2 0 1985	JUMASSA NOTALE

DHMH - 16 50M 4/83

BP.

TO FUNERAL DIRECTOR

(VRA 15, 4)

The furiol-tronsit permit. Then pleose is made and Mentol Hygiene prior to buriol, cremat

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d ng physicion.

injury, or other tr

printed or Hem 18 shows ony

IMPORTANT: If Imm 21 in should be detailhed to with the State Deat at

142106 5 1 38 51 6 distance of the second second second 01news the bust when arms. Har would be required penson from maline 18 1 5-18-65 Number 139-81-5 Comment of the state of the sta Liew L. CALL DR VAM

RE. MD. 2120

DIVISION OF VITAL RECORDS, 261 W. PRESTON ST., BALTIMO

### STATE OF MARYLAND DEBARTAPAIT OF MEALTH AND MENT AT HYGIPAIR

DEFARI	WELL	OF HEALI	H AND	WELLIAF	HI GIENE	
MEDICAL	EXAM	AINER'S	CERTI	FICATE	OF DEATH	

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3	1-	FOR STATE		AAI			H AND MENTAL	DEREATU	1 4 3	5 9	
.0		REGISTRAR	ME FIRST	77(1	MIDDLE	MINEK 3	LAST	REG	G. NO.	DAY YEAR	26 HOUR
		E OR PRINT)			***	T-7-5	11 i ama	OF ESTI-			ZW TTOOK
	3. SEX		Jam I4. RACE	ES  S. DATE OF BIRTH	H.	W1 E (IN YEARS   IF U	11iams		D _ 5-	18 19 85	Zd. HOUR
		le	White	MONTH DAY	YEAR LAST	BIRTHDAY) MON	THS DAYS HOURS	MIN PRONOUNCED DEAD	_	18 19 85	6:12
_		RTHPLACE		Sept 20	1956 2	8 YRS.		9 BALTIMORE C			D. M
5	FO	Maryla Maryla	) [	USA	THE COUNTRY!		RIED XXNEVER MARI	RIED 🔲	_		
2			OF DEATH!	II. NAME OF HO	SPITAL, NURSING	HOME, OR OT		120 USUAL OCCUPATION	re City	26 KIND OF BUS	MD.
-	B	altimo	ro		FACILITY, GIVE STREET AD		CULI	FOR MOST OF WORKING LIFE Laborer	E)	OR INDUSTR Mainten	
	USUA	L RESIDENC	E (IF IN NURSING HOM	E OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)		1		raincen	
)	13a S M	arylar	id Har	ford	Whitef	ord	13d. INSIDE CITY LIMITS?  YES NO X		y Rd.	2116	00
ø	14. FA	THER'S NAA	AE .	MIDDLE	LAST		15. MOTHER'S MAID	EN NAME MIDDLE		LAST	
1	-	Edward		М.	William		Mildred			Cox	
	Ióa. W		ED EVER IN U.S. A	ARMED FORCES?	213-66-		17. INFORMANT	. Williams 16	PRESS	Da 1	m
	TA						Martin b	• WIIIIams IC	909 DOOT	ey na.,	
		PART I		only one couse per lir SED BY:			- 011			BETWEEN ONSET	AND DEATH
H			IMMED	IATE CAUSE (o)	R AS A CONSEQUE		o Chest				111.00
		Conditi	ons, if ony, whi		K AS A CONSEQUE	ENCE OF					
		gove	rise to immedia	te / (b)	R AS A CONSEQUE						
			ouse last.	DOE 10, 0	R AS A CONSEQUE	NCE OF					
		PART 7 OTHER	SIGNIFICANT CONDITIO	NC CONTRIBITING TO DEAT	H BILL NOT SCIATED TO I	ME TERMINAL OTERA	SE OR CONDITION GIVEN IN P	ABY 3			
	z	TAKY E GINEK	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TO THE TO THE TENT		IIL TERMINAL GISEA	SE OX CONDITION GIVEN IN P	AKI I Q.			
-	MEDICAL CERTIFICATION	19a. DATE C	OF OPERATION	19b COND	ITION FOR WHICH	OPERATION V	VAS PERFORMED?			20 AUTOPSY?	
	FIC			1 1 1 1							но П
,	ERT	21a. EXTERN	NAL CAUSE WAS	2 Th. TIME C	F INJURY	21c F	OW INJURY OCCURR	ED LENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART		NOL
5	ALC	UNDERLYIN	IG XXOR		M MONTH DAY		erator of	motorcycle im	nacted	fived of	niect
	DIC	214 INTURY	OCCURRED	71e PLACE	OF INJURY (AT HO		CATION		ipacted .	LIACA OL	
6	W	WHILE	NOT WHILE	XX STREET, FA	CTORY, FARM, ETC.)	Mt	. Olivet C	hurch Rd., Yo	ork Co.	Pa.	STATE
1											
i di			/	orge of the remoins do			osy XX Inspection		and in my opi	nion	
		death resu	A No	turol couses	Acqident XX	Suicide L	, Homicide .	Undetermined monner			
		ACTUAL SIGNATURI	aller	ull IX	Muzoh	Mito.	Assistan	t MEDICAL EXAMINER	DATE	5-19-8	35
6	1	EXAMINER' (TYPE OR PE	SNAME D	ennis F. S	Smyth, M.	D.	ADDRESS 111	Penn St., Bal	to., Md	. 21201	1.
-	23a.Bl	JRIAL, CREM	ATION, REMOVAL				OR CREMATORY	23d LOCATION			
	(5	Buri	al	May 22,19		e Ridge		Delta,	York	ry sta	
	24. FL	JNERAL DIRE		ADDRES			IZ MA	pennist	PERMITA SE	GNATURE	
	-	1 AME		ADDRES	13		1401.9	2 1 1985	6.0. K	-	

07/84 25M

> DHMH - 17 (VR A15 ME (5))

John H. Harkins 600 Main St., Delta, Pa

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021201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and commetivity filled. The funeral director, pages had detached for use as the busind-transit permit. Then please remove carbon popers. Pages had a second betilled within 72 hours after dewith the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal.	or be notified of once.
MUKE, MAKTLA	e executed within	Poges 1 and 2	medical exact
KESTON SI., BALLI	e deoth certificate be	e ottending physicion mave carbon popers. nation, ar removol.	traumatic event, the r
ECORDS, 201 W. P	ow requires that the	been signed by the rmit. Then pleose rer prior to buriol, crem	ony injury, ar ather
DIVISION OF VITAL RECORDS, 201 W. FRESTON ST., BALLIMORE, MARTLAND 21201	NG PHYSICIAN: The la	ter this certificate hos is the burial-tronsit pe h and Mental Hygiene	rked or Item 18 shows
•	TO HOSPITAL OR ATTENDING PHYSICIAN: The I retoined by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicio should be detached for use as the burial-transit permit. Then please remove carbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.	IMPORTANT: If Hem 21 is marked or Item 18 shows ony injury, ar ather traumatic event, the medical dy are series at an event and at once.

BP. DHMH-16 30M 2/80 (VRA 15, 4)

129550

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES
CERTIFICATE OF DEATH

1.	FOR STATE REGISTRAR			DEP		ICATE OF DEA		REG. NO.	6	5 6	) ()
	CEASED NAME	FIRST		MIDOLE	ı	AST	100	28. DATE OF DEATH	ONTH DAY	YEAR	2b. HOUR
		largare	t	W.	Wi	lliams		0.	5 05	85	925 AM
3. SE	X	14	RACE		5. DATE C	OF BIRTH		6 AGE (IN YEARS LAST BIRTH	OAY) IF U	NDER I YEAR	IF UNDER 24 HRS
F	emale		White		MONTH 12		YEAR 1910	74	YRS	THS DATS	HOURS MIN.
	RTHPLACE (STATE OR	FOREIGN 7	. CITIZEN OF	WHAT COUN	ITRY? 8	D W NEVER MAR	DIED [	9. BALTIMORE CITY OR	COUNTY OF	DEATH	
	aryland		U.S.A		WIDOWE	_		Baltimore	Citv		MD
10 C	ITY OR TOWN OF DE	ATH 1	1. NAME OF I	HOSPITAL, NURSING HOME OR OTHER INSTITUTION			TION	120. USUAL OCCUPATIO	N	12b. KIND OI	F BUSINESS OR
В	altimore			_		dical Ce	nter	Housewife	WORKING LIFE)	II VOOSIKI	
13a. S	AL RESIDENCE (IF NUR: STATE aryland	136 COUNT		13c. CITY OR		13d INSIDE CITY YES 🛣 NO	LIMITS?	13e. STREET ADDRESS 1203 Horner	s Lane		21205
14. FA	ATHER'S NAME		IDDLE	ŁAS	ī	15. MOTHER'S M.		MIDDLE MIDDLE		LAST	
H	arry	741	OUL	Seabre		Emm		Mode		Roger	
	WAS DECEASED EVER			166 SOCIAL	SECURITY NO.	17. INFORMANT		ADDRES	S	-	
No	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	220-09	9-2489	Ellis E	. Will	liams	Sam	e as :	13e
	18 CAUSE OF DEAT	H (Enter only	one couse per	line for (a), (b	b), and (c1.)					APPROXIV	MATE INTERVAL
	PART I. DEATH W	VAS CAUSED IMMEDIATE		CERT	RROVAS	CLAR	ACCI	DENT		70	dans
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PAS A CONS	SEQUENCE OF						0
	Conditions, if ony		(b)	NO A CONS							
	gove rise to imi		DUE TO O	R AS A CONS	EQUENCE OF						
	underlying couse lost. (c)									11.	
NO	PART 2. OTHER SIG	NIFICANT CO	onditions <u>co</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR CONDI	TION GIVEN	IN PART 110	n)
CERTIFICATION	19a. DATE OF OPERA	TION	19b. COND	TION FOR W	WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 206. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEA			
CER	21a. ACCIDENT WAS UN		216 TIME O		DAY YEAR	21c. HOW INJUR	YOCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART	OR PART 2)	
	OR CONTRIBUTING		P.		19						
MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY		21f LOCATION		CITY OR TOW	v	COUNTY	STATE
Z	AT WORK AT WO	HILE D	(AT HOME, STR	EET, FACTORY, OF	FFICE, FARM, ETC )	SINCE		C			
	220.1 certify that (1)		ottended th	e deceosed f	om APR	1 28	9 85	, to MAY	5	85_,	that (I) (we lost
	sow the deceas above (1) (we) (	ed alive on_	MAY	oftendenth	19 <u>85</u> , or	nd that in my (au	r) opinion d	eath accurred on the date	e and hour an	d from the c	ouses stated
	226. SIGNATURE	2	Mew rife dody	опециент.	1	DEGREE				22c DATE S	SIGNED
	Multiplied S Down ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							AND	5/	5/85	
	22d. PHYSICIAN'S N.	AME (TYPE OR I	PRINT)		0	22e ADDRESS					
	MUHAER	LSD	DONNE	ME	RG	FRANC	c5 5	COTT KE	7 M	ED CI	NTR
	BURIAL, CREMATION,	REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR CRE	MATORY	23d. LOCATION		DUNTY	STATE
Βι	urial		5/8/19	985	Loudon	Park		Baltimore		1	Maryland
24 Ft	JNERAL DIRECTOR	Duda-R	uck, Ir	IC. ADDR	RESS		250. DATE	REC'D. BY REGISTRAR 25	b. REGISTRAR	SSIGNATI	RELEVEL
79	22 Wise A	venue	Dunda	alk, Ma	aryland	21222	MA	1 1985	40000		

William CENT YAM

## STATE OF MARYLAND FOR STATE

5-15-1985

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	'	REGISTRAR				CERTIF	ICATE OF D	EATH	REG	NO.			
۱	I. DEC	CEASED NAME F	IRST	A	AIDDLE	l.	AST		2a. DATE OF DEATH		DAY YEAR	2b. HO	UR
		OR PRINT) Rai	/mon o	D	aniel	W	illiams			5	11 85	3:1.	7 111
	3. SE>		4. R	ACE		5. DATE C		YE AR	6 AGE (IN YEARS LAS	BIRTHDAY)	MONTHS DA		R 24 HRS
		Male		Whi	te	10	5 DAY	36	48	YRS		HOOKS	M/IN.
		RTHPLACE (STATE OR FORE	IGN 7b (	CITIZEN OF	WHAT COUNTRY?	8.	NEVER A		9 BALTIMORE CIT				
1	M	aryl and	1	U. S.	A.	WIDOWE		ORCED	Baltim				440
1	10 CI	TY OR TOWN OF DEATH	111.	NAME OF H	IOSPITAL, NURSING				120 USUAL OCCUP			D OF BUSIN	MD.
		D-7 4 5 m ana	1 7		H FACILITY, GIVE STREET A		1 (1)		TYPE OF WORK FOR MO	ST OF WORKING	LIFE) INDUST	RY	
4		Baltimore AL RESIDENCE (IF NURSING		P	S Scott K		d. Ctr		Retired		Perr	y Hall	L Gar
1		TATE	COUNTY		13c. CITY OR TOWN	٧	13d INSIDE C		13e STREET ADDRES				
1			Baltin	nore	Bradshaw	1	YES 🗍	NOX	8110 Bra	dshaw	Rd. 2	1021	
1	14. FA	THER'S NAME FIRST	MIDD	LE	LAST			MAIDEN NA	ME MIDDL	ž		LAST	
0	1	Leroy			William	ıs		Sarah	Pea		Wilson	n.	
5		AS DECEASED EVER IN			16b. SOCIAL SECUE	RITY NO.	17. INFORMA	NT	AD	DRESS 811	.0 Brad	shaw ]	Rd.
1	no	ES, NO OR UNKNOWN)	IF YES, GIVE WA	IR OR DATES	215-32-6	674	Mrs.	Marie E	E. William	s, Brad	shaw M	d.210	21
1		18 CAUSE OF DEATH (E	Enter anly o	ne couse per	line far (a), (b), and	I (c).)		4 .			APPR	OXIMATE INTE	RVAL D DEATH
		PART I. DEATH WAS	CAUSEĎ BY MEDIATE C	Y:	Cardios	- 1	MARY	Arrest	-				TO THE
		IM	MEDIATE C.				1	711					
		Conditions, if any, w	hich (	DUE TO, OF	HYDOTCH						3	hours	
Ì		gave rise to immediate							-	10 411-2	h		
			the last.	DUE TO, OF	AS A CONSEQUE	NCE OF							
		PART 2. OTHER SIGNIFI	CANTCON	(c)	ANTRIBILITING TO D	EATH DUT	NOT BELATED	TO THE TERM	INIAL DISEASE OR C	O LACITICAL C	SB/EAL BLD A BT		
	Z	Liver Faile	WO - A	outo.	Chara	D.	O CO'I	()	1 <	-	FIVEN IN PART	I(a)	
+	ATIC	190 DATE OF OPERATION	N	19h CONDI	TION FOR WHICH	OPERATION	N WAS PEREO		200 AUTOPSY?	CPSIS	ES, WERE FIN	DINGS LISE	D.
	CERTIFICATION					0. 5.0		,,,,,,		IN CERT	TIFYING CAUS	SES OF DEA	TH?
4	ERT	71a ACCIDENT WAS UNDERL	YING 🗆	21b. TIME O	F IN ILIRY		21r HOW IN	ILIBA OCCITBE	YES NO RED (ENTER NATURE OF I	1	YES	NO [	
1		OR CONTRIBUTING CAUS			M. MONTH DA	Y YEAR		TONT OCCOM	TENTER NATURE OF	AJORT HA HEM TO	S FART I OR FART	:/	
	CA	(IF EITHER NOTIFY MEDICALE		P./		19	AN LOCATIO	N					
	MEDICAL	21d. INJURY OCCURRED		21e. PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	(RM, ETC.)	211 LOCATIO STREET	IN.	CITY O	RTOWN	COUNTY		STATE
		AT WORK NOT WHILE	Ш										
		220.1 certify that (1) (thi		attended the		May 11		, 19_35	10 _ May	11	, 19 85	_, thot (I) (	
		sow the deceased of obove, (I) (ve) (did)	alive an (did nat) vie		ofter death.	, on	d that in (my)	our opinion o	death occurred on the	dote and he	aur ond fram t	he couses st	rated
		226. SIGNATURE	1 +	- (1	1 .1	(	DEGREE				22c. DA	TE SIGNED	
ě		10	her	1.1	when	P		TTENDING HYSICIAN [		TAFF SICIAN D	5	/11/8:	5
1		22d. PHYSICIAN'S NAME	(TYPE OR PRI	NT)	- 1		22e ADDRESS						
		Ro	DerT	C. 1	ISher		14940 1	Sastern	Ave. Ba	Himai	re MA	21221	1

BP.

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, After this certificate has been

MPORTANT: If Item 21 is marked or

Burial 24 FUNERAL DIRECTOR E.F. Lassahn, 11750BelairRd. Kingsville, Md. 21087

23a. BURIAL, CREMATION, REMOVAL

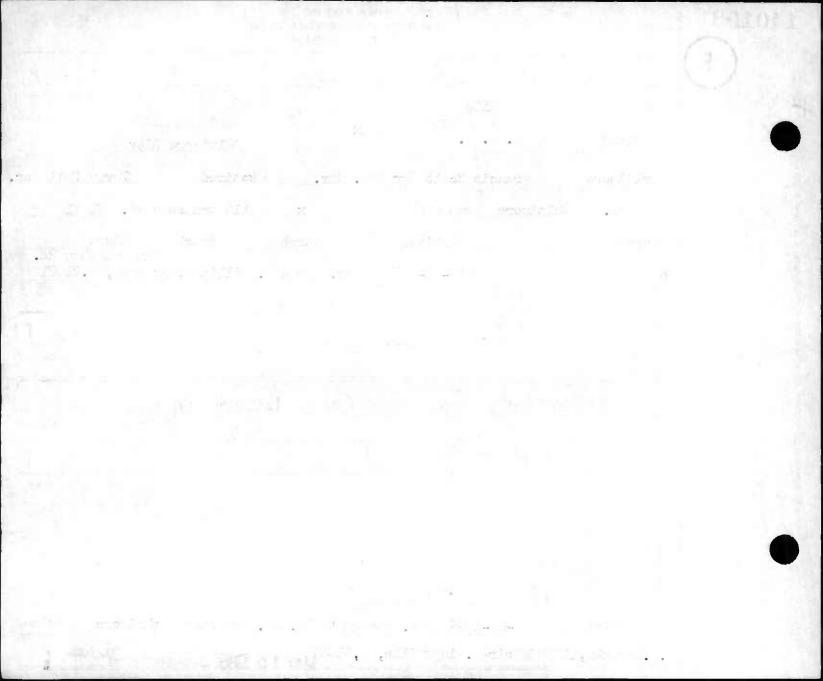
St. Stephen's Ch.Cem.

Bradshaw

Baltimore

Mary Tand

BY REGISTRAR 256. REGISTRAR'S SIGNATURE



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

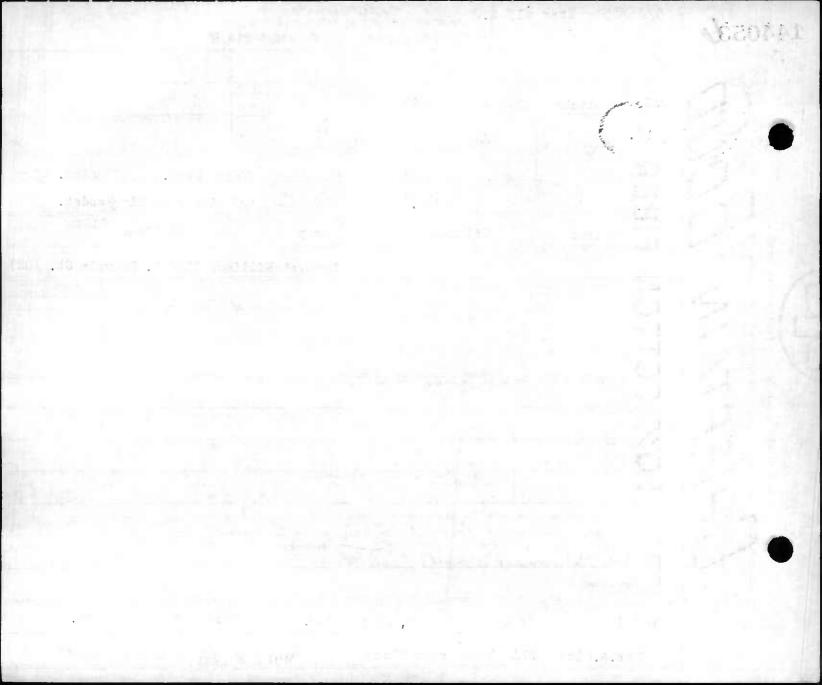
23	-2	h	2
4	3	V	and the same

11	FOR					AND MENTAL			4	0	ha	
1	STATE REGISTRAR		MED	DICAL EXAMI	NER'S	CERTIFICATE		- KEC	G. NO.			
	CEASED NAM	E FIRST	77 1 13	MIDDLE		LAST	2a C	DATE KNOW	N MONTI	H DAY	YEAR	26 HOU
(TY	PE OR PRINT)	Warren		R.	To	7illiams		OF ESTI-		5 2010	85	
3. SE.	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN	YEARS IF UN		ER 24 HRS. 2c.	DATE	MONTH			2d HOU
M =	ale	Black	7 8	52 32	YRS.	HS DAYS HOURS		DEAD	ı	5 2019	85	3:3
70 B	IRTHPLACE (S		76 CITIZEN OF WH		8	ura El verver van	9 B	ALTIMORE CI	TY OR COU			-
FC	DREIGN COUNTRY)	MD	111	SA	WIDOV	IED 🛣 NEVER MAR VED 🗆 DIVOR		Pol+ir	more C	i +x7		
0 C	ITY OR TOWN		II. NAME OF HOSP	PITAL NURSING HOA	ME. OR OTH			OCCUPATION		K 126 KIND		
	Doll+i	movo		TIONIST NO. TI		1	FOR MOST	OF WORKING LIFE	}	OR IN	<b>V</b> DUSTRY	,
USU	Balti			HOPKINS HO		l.L						
13a. S	MD	13b COUNT		Baltimo		13d. INSIDE CITY LIMITS?	13e STREET 210	ADDRESS 1 Bro	okfie	ld Av	212 re.	17
14. F.	ATHER'S NAM	E	MIDDLE			15. MOTHER'S MAIL	DEN NAME	MIDDLE				
	Ruxt	on		lliams		Eliza	beth	MIDDLE	L.	Hi11	Ĺ	
16a. \	WAS DECEASE	DEVER IN U.S. ARM	ED FORCES?	166 SOCIAL SECUR		17 INFORMANT			ŖESS			
()	Yes, NO, OR UNKN	OWN) (IF YES, GIVE W	VAR OR DATES)	212-48-	0937	Elizabe	th Cox	2101	Broo	kfiel	d A	ve.
		OF DEATH (Enter only	, one sause per line f	far (a) (b) and (c)		<u> </u>				APPR(	OXIMATE IP	NTERVAL
- 1	PART I DI	EATH WALE CALICED	DV		: <i>:</i>					BETWEEN	N ONSET A	IND DEATH
	A-03-1	IMMEDIATE		ltiple in		<u> </u>						
	1965		DUE TO, OR	AS A CONSEQUENCE	E OF					3 3 7		
		ins, if ony, which	(6.)									
		stating the under-	DUE TO OR A	AS A CONSEQUENCE	F OF							
	lying car	use lost.		1011 001 102 0021101	. 01							
175	BART O OTHER C	CHIEF CAN CONDITIONS	(c)									
NO	PARI Z UINEKS	IGNIFICANT CONDITIONS C	UNIKIBUTING TO DEATH BE	UT NOT REEATED TO THE TE	RMINAL DISEAS	E DR CONDITION GIVEN IN I	PART I lai.					
Y	19a, DATE OF	OPERATION	196 CONDITI	ON FOR WHICH OP	ERATION W	AS PERFORMED?				20 AUT	OPSY?	
CERTIFICATION	D											NO 🔯
W	21a. EXTERN.	AL CAUSE WAS	216. TIME OF		21c H	OW INJURY OCCURE	RED (ENTERNATUR	RE OF INJURY IN IT	EM 18 PART 1 OR			<u>A</u>
	UNDERLYING			MONTH DAY YE			7.6					
SC	21d INDITIDY	ING CAUSE OF D		5 20 185 FINJURY (ATHOME	SU	abject jum	ped from	m windo				
MEDICAL	WHILE F	NOT WHILE AT WORK	STREET FACTO	DRY, FARM, ETC.)		STREET	CIT	TY OR TOWN	(	COUNTY		STATE
	AT WORK	AT WORK		ome	110	1 Orleans	St, Ba	1timore	<u> </u>			MD
			af the semaine days	ribed obove, held an	Autop		ion X . Ir		and in my			
		,						nquiry .	Ond in my	opinion		
	death result	led from: Natura	ol couses .	Accident	Suicide X	, Homicide L	Undetermin	ned manner				
t in	A CTUAL	(MA.	00-01	11 .10		TITLE (SPECIFY)			DAT			
	ACTUAL SIGNATURE	Juli	warle u	regord	N N	Assistan	t_MEDICAL	LEXAMINER	DAT	NED_ 5/	20/8	35
-	EXAMINER'S (TYPE OR PRI	NAME Mar	garita A.	Korell, M	1.D.	ADDRESS 11	1 Penn :	St. Ba	alto.MI	D.		
23a. B	URIAL, CREMA	TION, REMOVAL 23		23c, NAME OF C			23d. LOCAT					
(:	SPECIFY)		5/24/85			orest VA	CITY OR TO	ings	Mil1	LS TO	, MDAT	E
24 F	Buria		3/24/03	Garris	OII F			HANAR 256		(1.0.00	F	,
	NAME		/U ADDRESS	E. Nort	- h A 31	250. 1014	T. A. S. L.	100	ALCIGINAL S	, SIGHARUKI		
W	m. C.	March F	\u IIOI	L E. MOL	TI HV							

07/84 25M

> **DHMH - 17** (VR A15 ME (5))

BP



# TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FILES. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 HOURS AFTER DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF MITAL RECORDS, 201 WE RESTON STREET, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

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**DHMH - 17** 

(VR A15 ME (5))

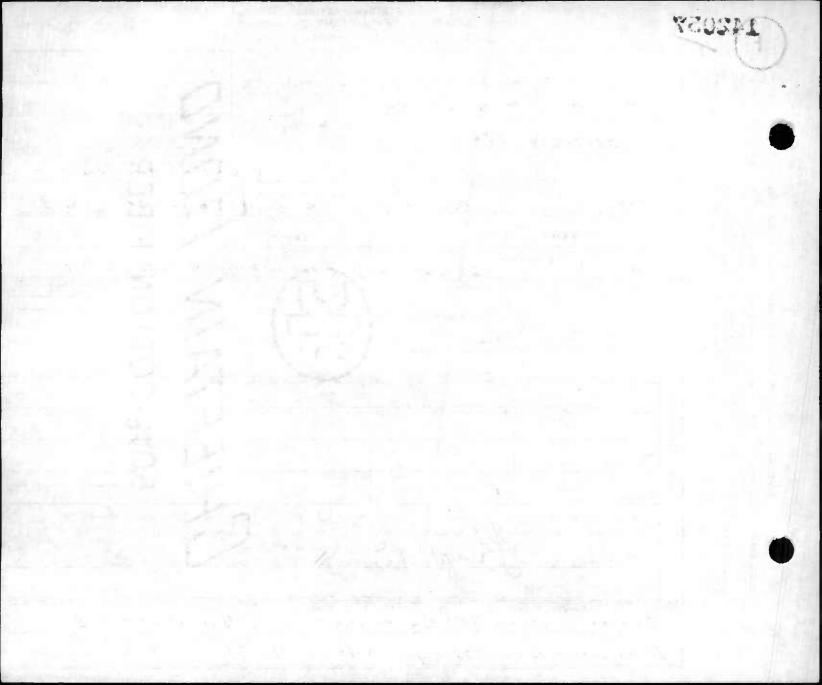
07/84 25M

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE AMEDICAL EXAMINER'S CERTIFICATE OF DEATH

6

1	REGISTRAR		MEI	DICAL EXAM	AINER'S	CERTIFIC	CATEO	F DEATI	REG	NO.			
	CEASED NAM	E FIRST		WIDDIE		LAST		2α,	DATE KNOWN		H DAY	YEAR 2	26 HOUR
(117	C ON LEBELL	Walter			W	illian	ns .		OF ESTI-	0 5	-17 19	85	N
3. SE)	X	4. RACE	5. DATE OF BIRTH		IN YEARS IF U	VDER 1 YR.	IF UNDER			HTMOM	DAY	YEAR :	2d HOUR
	my	B	7 4	10 7	YRS.	HS DAYS	HOURS		DROUNCED DEAD			85	12:34 p. M
	IRTHPLACE IS DREIGN COUNTRY)	TATE OR	76. CITIZEN OF WE	HAT COUNTRY?	8 MARR	IED 🖺 NE	VER MARRII	ED   9 E	BALTIMORE CIT	Y OR COUN	NTY OF DEAT	TH	
		ENTUCK	4 454		WIDOV		DIVORCE		Baltimor				MD.
	Baltimo		LIF NOT IN SUCH FAI	SPITAL, NURSING H ICILITY, GIVE STREET ADDR Memorial	RESS)		TION		OCCUPATION t of working ufe)		OR IND	DUSTRY	1
USU/	AL RESIDENCE		OTTENTION, GIV		-	41.							
13e. S	TATE	13b COUN	TY /	13c CITY OR TOV		13d. INSIDE (	NO [	13e. STREET		1 54	2/2	118	V
14. F/	ATHER'S NAME FIRST	ens	MIDDLE	ŁAST		F	ER'S MAIDE FIRST	NAME	WIDDLE		LAST		
	WAS DECEASE	D EVER IN U.S. AR		166 SOCIAL SEC	URITY NO.	17. INFOR		134	ADDR				
(1	FES, NO, OR DINKNO	(IF TES, GIVE	WAR OR DATES)	14-45.	4407	Fue	5642	wille	a.43 18	36 E	287 1	1	
	gave ri	ns, if any, which se to immediate ) stating the <u>under</u> -	DUE TO, OR	AS A CONSEQUEN	NCE OF	t Fall	iure						
ķo	PART 2 DTHER S	IGNIFICANT CONDITIONS	(c)CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE	TERMINAL DISEAS	SE DR CONDITIO	N GIVEN IN PAR	RT 1 (a).					
NO.			1, 1000										
TAT	190. DATE OF	OPERATION	196 CONDIT	TION FOR WHICH O	OPERATION V	VAS PERFOR	MED?				20 AUTO	OPSY?	
LIFIC											YES		NO XX
AL CERTIFICAT	UNDERLYING	AL CAUSE WAS OR NG CAUSE OF I		A. MONTH DAY	YEAR	OW INJURY	OCCURRE	D (ENTER NATU	IRE OF INJURY IN ITEA	A 18 PART 1 OR P			NO AM
MEDICAL	21d INJURY (	NOT WHILE E		OF INJURY   AT HON TORY, FARM, ETC.)		CATION STREET		CI	ITY OR TOWN	C	COUNTY		STATE
	22a. 1 cert	12	e of the remains des	Accident ,	an Autop	osy . , Hamie	Inspection		Inquiry XX	and in my o	apınıan		
	ACTUAL SIGNATURE	Neum	w Yn	with M	w.		istant	L_MEDICA	L EXAMINER	DATE	5- NED5-	-18-	-85
-	EXAMINER'S (TYPE OR PRI	NT)	nnis F. S	Smyth, M.D	).	_ADDRESS_	111 F		t., Bal	to., M	1d. 2]	1201	
(1	Buan		3b. DATE - 2 2 - 5	11.11	FCEMETERY		ORY	23d. LOCA	TION OWN TCPIM	0 e 8°	& MINO	STATI	E
24 F	Mari Direct		Janges 63	35 7 911	mn 3		250. DATE R	Y 20	GISTRAR 256 R	EGISTRAR'S	0 10	malel	2



completely filled in by the funeral di i 1/and 2 should be filed within 72 ha

medicol exp

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and c should be detached for use as the buriol-transit permit. Then please remove carbon popers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal. [MPORTANT: If Hem 2] is marked or Item 18 shows any injury, or other traumatic event, the medical

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	÷
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Dan .	O 2 TIENDING DHYNICIAN The Low comings the death restitions he executed within 24 hours

CTATE OF MADVIAND

STATE OF MAKILAND	1.
DEPARTMENT OF HEALTH AND MENTAL HYG	IENE 4
CERTIFICATE OF DEATH	

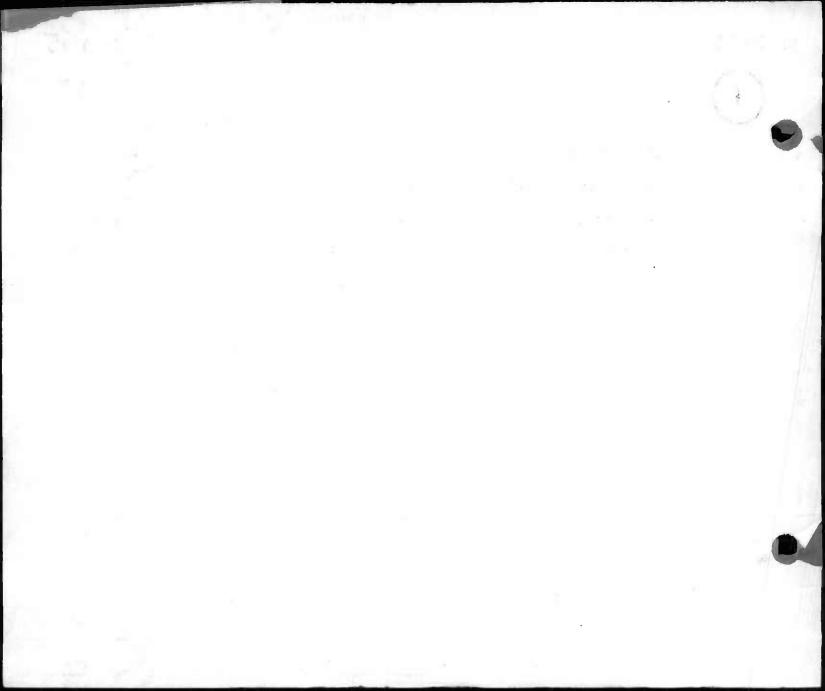
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.	14363
1. DECEASED NAME FIRST MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
WILLIAM H.	WILLIAMS	MAY 29.	1985 11:30PM
3. SEX 4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Male Black	6 25 18	65 YF	
70. BIRTHPLACE (STATE OR FOREIGN 75 CITIZEN OF WHAT COUN	NTRY? I	9 BALTIMORE CITY OR COU	
COUNTRY)	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE C	TTY. MD.
North Carolina U.S.A.  10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, N	TURSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
(IF NOT IN SUCH FACILITY, GIVE		(TYPE OF WORK FOR MOST OF WORKIN	NG LIFE) INDUSTRY
Baltimore 1771 Homes USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE	stead Street  E BEFORE ADMISSION)		
136. STATE 136 COUNTY 136 CITY OF	R TOWN 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP C	
	timore YES NO [		ead St. 21218
14 FATHER'S NAME FIRST MIDDLE LAS		MIDDLE	LAST
	liams Lafayett	:e	Wiggins
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL	L SECURITY NO. 17 INFORMANT	ADDRESS	
(111)	01-9765 Martha Wil	liams 1771 H	Momestead Stree
18. CAUSE OF DEATH (Enter only one couse per line for (o),			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED BY:	VO RESPIRATORY &	LRRT	
IMMEDIATE CAUSE (0)			
DUE TO, OR AS A CON	SEQUENCE OF	72 N/1 174 11/11/11	SMESKO
Conditions, if ony, which gove rise to immediate	EL OF THE PLUSTATE SECULAÇÃOS		377-373
couse (a), stating the DUETO, OR AS A CON underlying cause lost.	SEOUENCE OF 7 3 - 3		
(c)		The second of th	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATED TO THE TERM	VIN AT DISEASE OF CONDITION	IGIVEN IN PART ITO
190 DATE OF OPERATION 196 CONDITION FOR V	WHICH OPERATION WAS PERFORMED	20g AUTOPSY? 20b. II	F YES, WERE FINDINGS USED
JH J		IN CE	ERTIFYING CAUSES OF DEATH?
216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY	121, HOW INTERVOCCUE	RED (ENTER NATURE OF INJURY IN ITEA	YES NO
	H DAY YEAR	(ENTER NATURE OF INJURY IN HEA	A 18 PART I OK PART 2)
(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M.	19		
ORCONTRIBUTING CAUSE OF DEATH  (# E1THER, NOTIFY MEDICAL EXAMINER)  P.M.  21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, CAUSE)	211. LOCATION OFFICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY
WHILE NOT WHILE AT WORK			
220.1 certify that (I) (this hospital) attended the deceased	from MAY 19 8		, 19 that (I) (we) lost
sow the deceased alive on MAY 291 obove, (1) (we) (did) (did not) view the body after death.	19	death occurred on the date and	I hour and from the couses stated
22b. SIGNATURE	DEGREE		22c. DATE SIGNED
ym Que	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	1
22d PHYSICIAN'S NAME (TYPE OR PRINT)	22e ADDRESS		-
1 M Turkey	11.0 (1111111111111111111111111111111111	6801 AC: 163 N	Branning
L.M. JURAMOY,	236. NAME OF CEMETERY OR CREMATORY		-10 mp. 21231
230. BURIAL, CREMATION, REMOVAL 236. DATE 6/3/85	Baltimore Cem.	Baltimore	COUNTY MOTATE
1, -, -,			TID
24 FUNERAL DIRECTOR NAME ADI		WERL READERS ST. RE	GISTRAR'S SIGNATHREMOLD
Wm C March F/H, INc. 11	01 E North Avel	U	

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

retained by the hospital or attending physician.

TO HOSPITAL



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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)	1	Eini	20	0	

	REGISTRAR		CERTIFICATE OF DEATH	REG. N	10.	
	DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH		YEAR 26 HOUR
	CATHE		WILLIAR			85 5:24PN
3. 3	Female	White	Nov. 17, 1927	6. AGE (IN YEARS LAST BII	RTHDAY) IF UNDER	DAYS HOURS MIN.
	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTE		9 BALTIMORE CITY (	OR COUNTY OF DE	ATH
180	atto., Md.	U. S. A.	WIDOWED DIVORCED	BALTIMO	ORE CIT	Y MD.
100	city or town of Death altimore	(IF NOT IN SUCH FACILITY, GIVE STE	SING HOME OR OTHER INSTITUTION REEL ADDRESS) HOPKINS HOSPITA	L Salesta	y WORKING LIFE) IND	kind of Business or USTRY Ept. Stpre
130	UAL RESIDENCE (IF NURSING HOME OF STATE Md.			37 S. E	llwood A	venue
14.	FATHER'S NAME Herman	E. Prietz		H. MIDDLE		stein
160	(YES NO OR UNKNOWN) (IF YES O	THE WAR OR D. STORY	D-9681 Mr. Kenn	laltimore, beth E. Wil	liar-37	1224. S. Ellwood
	PART   DEATH WAS CAUS	only one couse per line for (o), (b), SED BY: ATE CAUSE (o)	- 4		86	APPROXIMATE INTERVALUE  TWEEN ONSET AND DATUE  1-2 ALLAND
	Conditions, if any, which gave rise to immediate couse (0), stating the underlying couse last	DUE TO, OR AS A CONSEC	Sind Infantin	4	- 7	e Jays
Z O		CONDITIONS CONTRIBUTING 1	O DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CON	IDITION GIVEN IN P	ART lio
CERTIFICATION	19a DATE OF OPERATION	19% CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C YES [	FINDINGS USED AUSES OF DEATH? NO [
MEDICAL CER		(ER) P.M.	DAY YEAR	CURRED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART 1 OR I	ART 2)
MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	ZII. LOCATION STREET	CITY OR TO	OWN COU	STATE
	sow the decoased alive a above, (I (we) did ) did	pita) attended the deceased from	and that in (my (our) opin	nion death accurred on the d		
	22b. SIGNATURE	R. Mat	DEGREE ATTENDIN PHYSICIAL		FF L	MM 13 1485
	22d. PHYSICIAN'S NAME (TYPE	R-Martin	M). Ishas	Hopkins Hosp	ital Of	ON Wolfe
230	BURIAL, CREMATION, REMOVA		3. NAME OF CEMETERY OR CREMATO Dak: Lawn Cemete		ore. Mai	rul and

(VRA 15, 4)

DHMH - 16 60M 7/84

23t. NAME OF CEMETERY OR CREMATORY OAK Lawn Cemetery

Baltimore, Maryland

Burial 5/16/85 Oak Lawn Cemetery Later 256 Registrar 256 R

therial 5/16/25 flak Lunn Conetery Salitte re, Koretand

Par 32 Table 15, Sa. promiting, it will be a City

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24 hours ofter death.	filled in by the funeral direct buld be filed within 72 hours
ofter	y the fed with
hours	d in b
24	E S

084	1-	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 4 3 6 7  CERTIFICATE OF DEATH  REG. NO.						
(8)		CEASED NAME FIRST DORIS	A. RACE	LAST  S. DATE OF BIRT	SON	2a DATE OF DEATH	MONTH DAY	5	HOUR GLOP FUNDER 24 HR
D K	-	EMALE	Black	MONTH -	9 - 30	54	YRS.	HS DAYS H	OURS MIN
GG 875	(	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTE	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY C	ets.	CIT	Y
filed within	1:	Dauto.	11. NAME OF HOSPITAL, NUR (IF) NOT IN SUCHFACILITY OWE STI	SCURI	E HOSP	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C		2b. KIND OF B NDUSTRY	IUSINESS
should be	130. S	laryland 136 coul	OTHER INSTITUTION, GIVE RESIDENCE BE	UTO YES		13e STREET ADDRESS	ZIP CODE	elit	154
ompletel ond 2 s	1	SEPH H.	MIDDLE SOHNSON	0 3	OTHER'S MAIDEN NAM	MIDDLE	BRYT	アルブ	-
Poges Poges		(AS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) (IF YES, GI	MED FORCES? 166 SOCIAL SE ZEWAR OR DATES) ZZO-Z	0-3463 )	YCELYN	SMALL	5201	COR	DEC
ding physici or removol. stic event, th		PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), (b) BY: TE CAUSE (o)	ATU-RE	NAL S)	INDROME		APPROXIMA BETWEEN ONS	
y the otten ceremove co cremotion, ther troumo		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	(b)		NA			-	
n signed b Then pleos to buriol, injury, or o	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BUT NOT F	RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	N PART Ito	311
nsit permit. Trgiene prior	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS	S PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING	G CAUSES OF	S USED F DEATH? NO [
certificate h		21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH	DAY YEAR	HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
frer this os the bu h ond M rked or	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFI		STREET	CITY OR TO	wn	COUNTY	STATE
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detoched tote Dept		27h SIGNATURE DEL	lian Ka	eum Degre	ATTENDING PHYSICIAN	MEDICAL STA	IAN 🗌	22c. DATE SK	-85
ould be the SPORTAL		WILLIAM	R. LAW,	MD.	address Boll 300 W. BAC	SECOURS			MDS
D 48 3 8		URIAL SEMATION, REMOVAL SPECIFY) Survival	123b. DATE 85 2	Name of CEMETE	in Cem	23d LOCATION BITY OR TOWN	18, 00	Co	STATE
16 50M 4/83 A 15, 4)	24 FI	NERAL DIRECTOR	tompson	1913, L	25a. DAT	E REC'D. BY REGISTRAR	256 RESISTRAR	S'SIGNATUR WILLIAM	Pands

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH 133522 REGISTRAR DECEASED NAME MIDDLE 20 DATE OF DEATH YEAR 26 HOUR В. 3. SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) MONTH MONTHS DAYS HOURS YEAR 63 To BIRTHPLACE ISTATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH LOUNTRY? MARRIED NEVER MARRIED Carolina U.S.A. City DIVORCED X WIDOWED I CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore PROVIDENT HOSPITAL SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION. 13e STREET ADDRESS 3a STATE CITY OR TOWN 113d INSIDE CITY LIMITS? Maryland 1316 N Mount Street 21217 Baltimore YES X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Clotie Samue 1 MIDDLE Wilson MIDDLE Wilson ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT 16g WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) LIFYES, GIVE WAR OR DATEST 218-22-2932 Dorothy Gibson 1316 N Mount Street 18 CAUSE OF DEATH (Enter only one couse per line for 101, 161, and ic PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE IO Conditions, if ony, which gove rise to immediate couse ia, stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(5) CERTIFICATION 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 MONTH DAY HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION 0 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 1316 N. Mount St., Balto COUNTY STATE NOT WHILE morked AT WORK NOCUN Home MD 22a I certify that (I) (this haspital) attended the deceased from sow the deceased alive on. auli opinion death acturred on the daterand hour and from the causes stated and that in (my) obove, (I) (we) (did) (did not) view the body ofter death. GENERAL APPROVED BY MEDICAL EXAMINE 22b. SIGNATURE DEGREE MPORTANT: IF MEDICAL DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Crec 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATOR BURIAL 5/11/85 Baltimore, Baltimore Cemeterv Md. 24 FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 was Davidson-Randall MAY Wm C March F/H Inc. 1101 E North Avenue



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IMPORTANT: If Item 21 is marked ar Item 18 shaws any

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

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REGISTRAR			THICKIE OF PEATE	REG. NO.	
1 DECEASED NAME	FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
(TYPE OR PRINT)	Edward	L.	WILSON	May 1, 1985	2:53A M
3 SEX	4 RACE		ATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
Male		Black ^	12 25 1925	59 YRS	MONTHS DATS HOURS MIN.
BIRTHPLACE (STATE O	R FOREIGN 76 CITIZEN	OF WHAT COUNTRY? 8	- P	9 BALTIMORE CITY OF COUNT	Y OF DEATH
Maryland	U.		RRIED X NEVER MARRIED DIVORCED	Baltimore	City MD.
O CITY OR TOWN OF D	ATH 11. NAME (	OF HOSPITAL, NURSING HO	ME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
Baltimore		such facility give street address gyland General		Custodian	G. S. A.
JOUAL RESIDENCE (# NU 130 STATE	RSING HOME OR OTHER INSTITUT	IN GIVE RESIDENCE BEFORE ADMISS	1136 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COL	E 1125 Myrtle Av
Maryland		Baltimore	YES X NO	Baltimore, Mary	
1 FATHER'S NAME FIRST Herman	WIDDLE	Fishue	15 MOTHER'S MAIDEN N Zelda	AME	Wilson
	R IN U.S. ARMED FORCES			1125 DR Myrt	
(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES	212-28-5399	Alice D. Wil		Maryland 21201
	1	per line for (a), (b), and (c)	ALLCE D. W.L.	Ison Bartimore,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 2 OTHER SK	(c) ENIFICANT CONDITIONS	CONTRIBUTING TO DEATH		IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
Z1a. ACCIDENT WAS U		E OF INJURY A.M. MONTH DAY Y	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
OR CONTRIBUTING	CAUSE OF DEATH	P.M.	19		
21d. INJURY OCCU	RRED 21e PLA	CE OF INJURY STREET, FACTORY, OFFICE, FARM, ETC	21f LOCATION	CITY OR TOWN	COUNTY STATE
AT WORK AT W		A <sub>1</sub>	oril 30 s	35 . Mau I	1985 that X (we) last
,	K(this hospital) attended sed alive an May (did) (did <b>XX</b> ) view the ba		. 19	n death occurred on the date and ha	, .,
226 SIGNATURE		of other death.	DEGREE		22c. DATE SIGNED
	110	uno	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5-1-85
	Door Kioune	M.D.	22e ADDRESS	and General Hosp	ital
23a. BURIAL, CREMATION	I, REMOVAL 23b DATE	23c. NAME	OF CEMETERY OR CREMATORY	23d. LOCATION	
Bur	ial 5/6	/1985 Balti	more National	Cem. Baltimore,	Maryland

DHMH - 16 60M 7/84

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(VRA 15, 4)

FUNDATE ROOMS 2501 Gwynns Falls Parkway Funeral Home, Inc. Baltimore, Md. 21216

al Cem. Baltimore, Maryland
250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REGISTRAR				REG. NO	).		
	EASED NAME FIRST	MIDDLE	LA	ST	20. DATE OF DEATH	MONTH DAY	YEAR 26 H	IOUR .
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	GERT			/11>0N		7 30	3	DER 24 HR
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a RIE	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	(2 8		9 BALTIMORE CITY O		ATH	
	OUNTRY)	THE CHIZEN OF WHAT COUNTRY	MARRIED	NEVER MARRIED	0	d	14	
	Va	USA	WIDOWE	DIVORCED [	Dattimes	e C	ty	- 1
10 CI1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		R OTHER INSTITUTION	120 USUAL OCCUPATE		KIND OF BUS	SINESS
. 16	2-11-	(IF NOT IN SUCH FACILITY, GIVE STRE	ET ADDRESS)	1'- 02 12 4	(TYPE OF WORK FOR MOST OF	WORKING LIFE) IND	USTRY	
4	XIHD	J. L. DEATE	IN ///	MICHL CENTER				
13a. S	L RESIDENCE (IF NURSING HOME OF TATE 1136 COUR			13d INSIDE CITY LIMITS?	13e.STREET ADDRESS /	71P CODE	212	39
	male	BOLL		YES 🛣 NO	1615	Marthalan	urn S	7
14 E A	THER'S NAME	La Ho		15. MOTHER'S MAIDEN NAM	MF / 1003	4011010	V-111 J	/ 1
TA	FIRST	MIDDLE LAST		FIRST ,	WIDDLE		LAST	
	William	Jurnor	-	Indiana				
6a. W	AS DECEASED EVER IN U.S. AR	MED FORCES? 16h SOCIAL SEC	CURITY NO.	17. INFORMANT	ADDRE	ss N.V	, N.V	100
(Y	ES. NO OR UNKNOWN) (IF YES, GIT	/E WAR OR DATES)		1.0 0.1	200	0.16	- 1	+ 00
	VID	125-03-	-5185	Jean Pinkn	Ry 388	FERTI S	t.	
	18 CAUSE OF DEATH (Enter of	nly one couse per line for (a), (b),	and IC	~	1		APPROXIMATE I	AND DEA
	PART I. DEATH WAS CAUSE	D BY:	2 - 4	(TADAS IDAS	a Man	Calma	198	
	IMMEDIA	TE CAUSE (o)	1000	Caracia	7	C+ 00+4	- VI	
	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEO	UENCE OF					
N O	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN IN I	PART 110	
CERTIFICATION	190 DATE OF OPERATION	19h. CONDITION FOR WHIC	H OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE		
Ē					YES TO NOT	YES [		D $\square$
FR	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURR				<u> </u>
	OR CONTRIBUTING CAUSE OF DE	THE PARTY OF THE P	DAY YEAR	THE HOW INJURY OF CORR	TED TENTER NATURE OF INJUR	T IN HEM IS PAKE FOR	FAR1 2)	
A	(IF EITHER NOTIFY MEDICAL EXAMINE	AIH	19					
WEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION				
¥	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFIC	E FARM, ETC )	STREET	CITY OR TO	wn co	UNIY	STATE
-	AT WORK AT WORK						3	
	220.1 certify that (1) this hosp	ital ottended the deceased from	4	T3	-, to 3/3		, that (	(I) (we)
		- KID.		d that in (my (our) opinion	death occurred on the do	te and hour and f	rom the couse	es stoted
		of view the body after death.						
	226. SIGNATURE	. 0		DEGREE			C. DATE SIGN	IED I
	101000	IN MD		ATTENDING PHYSICIAN [	MEDICAL STAR		5/2	180
	224 P A A A A A A A A A A A A A A A A A A	ou execute.		22e ADDRESS	_ CINCETON [] TITISIC		412	607
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23e B	SURIAL, CREMATION, REMOVA		NAME OF	EMETERY OR CREMATORY	23d LOCATION			
	Burial	F 10 10 -			CITY OR TOWN	ore, Ma	Wr. I a.w	STATE
	DULTGI	5/8/85	Eastv	iew Mem. Pk	Raitime	ore, Ma	татяц	Ü

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and cashould be detached for use as the burial-transit permit. Then please remove carbonpopers: Pages with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

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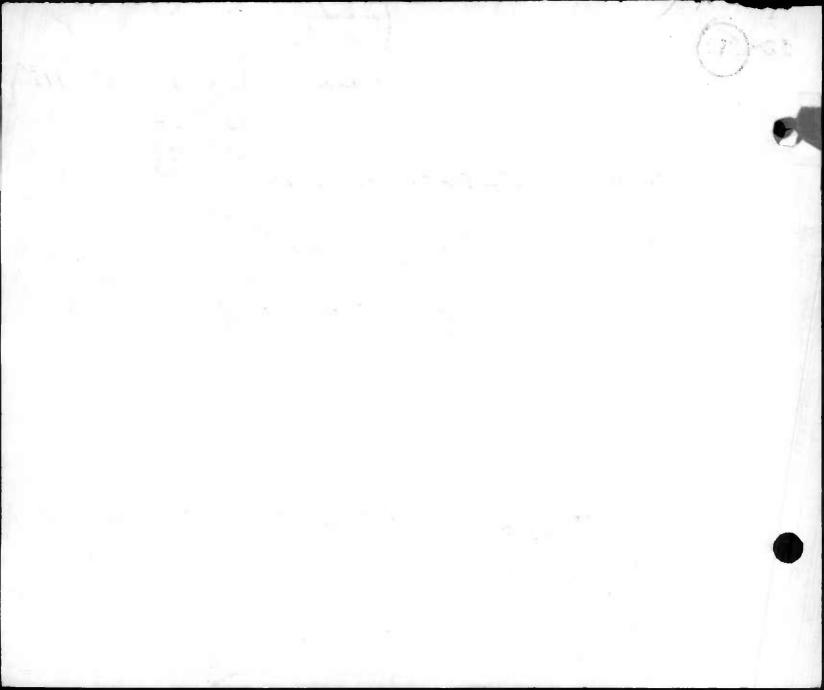
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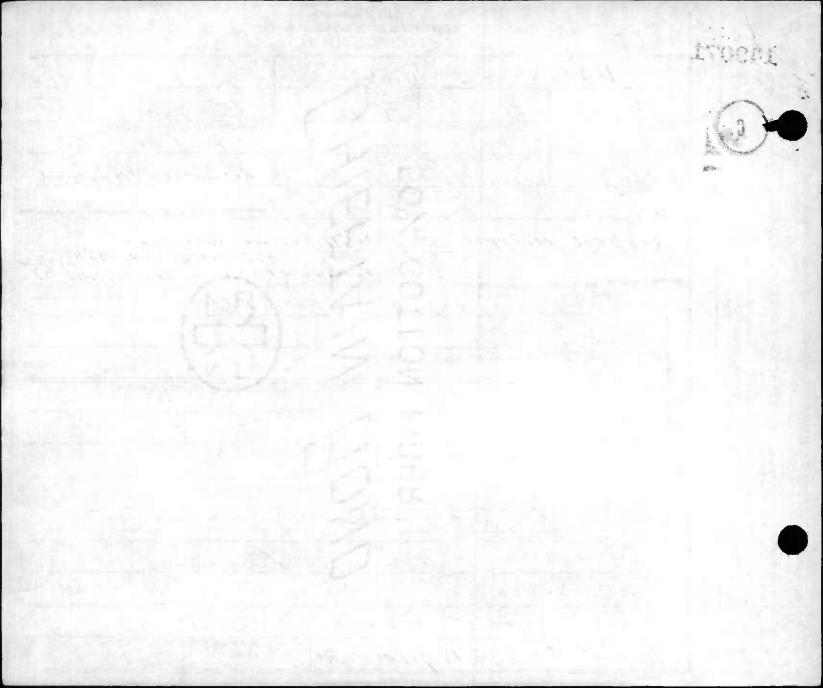
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250. DATE REC'D. BY REGISTRAR BY REGISTRAR S SIGNATURE

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	DEC	STATE REGISTRAR  EASED NAME FIRST OR PRINT)  HARR		SON	REG. NO	0. MONTH DAY YEAR 25 HG		
32	3 SE)	M	RACE S. DATE COMONING TO THE CONTROL OF WHAT COUNTRY?	16 1889	6 AGE (IN YEARS LAST BIR			
B (9/7)	KE	N+COUNTY, M. d.  TY OR TOWN OF DEATH  A  T  T  T  T  T  T  T  T  T  T  T  T	USA MARRIEI WIDOWE  NAME OF HOSPITAL, NURSING HOME C (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	BA	LTO CT		
E C	13a, S	THER'S NAME FIRST	HER INSTITUTION GIVE RESIDENCE BEFORE ABUNISSION)  13c. CITY OR TOWN  A L TO.  LAST	13d. INSIDE CITY LIMITS? YES NO 1 15 MOTHER'S MAIDEN NAM Wiffer & Maiden NAM	13e STREET ADDRESS	ount St. 21217		
medicolexa	60 V	(AS DECEASED EVER IN U.S. ARMI ES, NO OR UNKNOWN) (IF YES, GIVE V	D FORCES? 166 SOCIAL SECURITY NO.	17. INFORMANT	965 EVAPORE	EUR THENTS DE		
y injury, or other tro	NTION		DUE TO, OR AS A CONSEQUENCE OF  (c)  NDITIONS CONTRIBUTING TO DEATH BUT					
shows any	CERTIFICATION	190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH OPERATION  71b. TIME OF INJURY	The same of	200 AUTOPSÝ? YES NO	20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO		
d or Item 18	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	The state of the s	21t. HOW INJURY OCCURR  21t. LOCATION STREET	ED (ENTER NATURE OF INJUI			
A P	220. I certify that (i) (this haspital) attended the deceased from sow the deceased alive an obove, (i) (we) (did) (did nat) view the body after death							
m 21 is mor		22b. SIGNATURE		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC	22¢ DATE SIGNE		
MPORTANT: If Irem 21 is mor		22d PHYSICIAN'S NAME (TYPE OR P		840, WI	36thst.	BALTOMD		



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DHMH - 16 50M 4/83 (VRA 15, 4)

FOR

REGISTRAR

- STATE

12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) City employee 13e.STREET ADDRESS / ZIP CODE 4734 Wakefield Road Mary Williams 4734 Wakefield Rd APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) CITY OR TOWN COUNTY STATE and that in my (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE (SPECIFY) Arbutus Momorial Park The Bailey-Douglass Funeral flome 1348 N. Calhoun MAY 1 5 1985 wire wardson from

STATE OF MARYI AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b. HOUR

IF UNDER 24 HRS

IF UNDER 1 YEAR

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DIVISION OF VITAL RECORDS.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME AUDDLE 20 DATE OF DEATH FIRST 2b. HOUR TYPE OR PRINTI Janis Wilson May 10:05E 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR IE LINDER 2 LHPS BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Maryland General Hospital INDUSTRY Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b. COUNTY 13d INSIDE CITY LIMITS? Dallimore 14 FATHER'S NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT 166 SOCIAL SECURITY NO medico ( IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and ich PART I. DEATH WAS CAUSED BY Cardiorespiratory Arrest IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF L. Hepatic Failure Secondary to Hepatitis Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF otho underlying couse lost. Acute Renal Failure PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION prior 70h. IF YES. WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ NO [ NO Hygi 21a. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 80 MONTH DAY HOUR A.M. YEAR OR CONTRIBUTING CAUSE OF DEATH Mentol (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION 0 CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) WHILE AT WORK NOT WHILE 22a I certify that 24 (this haspital) attended the deceased from sow the deceased alive on May 3, above 10 (we) (did) (Adams view the body after death and that in ( our) apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIAN MPORTANT c/o Maryland General Hospital 23c NAME OF CEMETERY OR CREMATORY

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TO FUNERAL DIRECTOR:
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	IO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funishould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages Yand 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

BP. DHMH - 16 50M 4/83

(VRA 15, 4)

FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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(TYPE	OR PRINT)					5-21-1	80 <12
		OSEPH		LSON			
3. SE)	Male	Blac	the state of the s	SONTH 24 <sup>AY</sup> YOO	6. AGE (IN YEARS LAST BIR	YRS.	DAYS HOURS
	IRTHPLACE (STATE OR FOREIGN VA	76 CITIZEN OF WH	MA MA	RRIED NEVER MARRIED OWED DIVORCED	9 BALTIMORE CITY O	R COUNTY OF DE	ATH
	ITY OR TOWN OF DEATH  BALTIMORE CIT	(IF NOT IN SUCH FA	SPITAL, NURSING HOA ACILITY, GIVE STREET ADDRESS MEMORIAL HO		PALTIMO 120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O		KIND OF BUSINES DUSTRY
USUA 130 S	AL RESIDENCE (IF NURSING HO) STATE MD 13b. C		VE RESIDENCE BEFORE ADMISS Baltimore	YES 1 NO	12775 ATHE	Alameda	a 21218
14 FA	Jim	MIDDLE W.	ilsõn	15. MOTHER'S MAIDEN NA	MIDDLE		LAST
160 V	WAS DECEASED EVER IN U.S.		SOCIAL SECURITY N 218-12-68	0. 17. INFORMANT B78 Rose Thur	man 2772		meda
	18 CAUSE OF DEATH LENT	er only ane cause per lin USED BY: DIATE CAUSE (a)	ne for (a), (b), and (c))	aciloris			APPROXIMATE INTERV BETWEEN ONSET AND D
	Conditions, if ony, which	n ( (b)	AS A CONSEQUENCE O	-0	25		1 day
7	gave rise to immediat couse (a), stating th underlying cause las	DUE TO, OR A	A CONSEQUENCE (	med Sys.	MINAL DISEASE OR CON	DITION GIVEN IN	) day
TIFICATION	gave rise to immediat couse (a), stating th underlying cause las	DUE TO, OR A  (c)  NT CONDITIONS CON  CANCER CO	SACONSEQUENCE O	or Lps.	4	20b. IF YES, WERE	PART 110  E FINDINGS USED CAUSES OF DEATH NO 110
VEDICAL CERTIFICATION	gave rise to immediate couse (a), stating the underlying cause lass PART 2. OTHER SIGNIFICA SUPERATION  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF THE CONTRIBUTING CAUSE OF THE CONTRIBUTING CAUSE OF THE CONTRIBUTING COURRED	DUE TO, OR A  (c)  NT CONDITIONS CON  198 CONDITION  218. TIME OF II  HOUR A.M.  218 PLACE OF	S A CONSEQUENCE (  ITRIBUTING TO DEATH  ON FOR WHICH OPER  MONTH DAY YI  INJURY	BUT NOT RELATED TO THE TERM  CIN DIME  ATTION WAS PERFORMED  21c. HOW INJURY OCCUR  19  211 LOCATION	200 AUTOPSY? YES NOW	20b IF YES, WERE IN CERTIFYING ( YES	E FINDINGS USED CAUSES OF DEATH
1	gave rise to immediate to couse (a), stating the underlying cause las.  PART 2. OTHER SIGNIFICA  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF UP ETHER NOTHY MEDICAL EXA  21d. INJURY OCCURRED  AT WORK AT WORK  22a. I certify that (1) (this)	DUE TO, OR A  (c)  INT CONDITIONS CON  19b CONDITION  19b CONDITIO	S A CONSEQUENCE OF TRIBUTING TO DEATH  ON FOR WHICH OPER  INJURY  MONTH DAY YI  FACTORY, OFFICE, FARM, ETC.  deceased from	BUT NOT RELATED TO THE TERM  TIND THE TERM  ATION WAS PERFORMED  211 LOCATION  STREET  Ond that in MODICAL Opinion  DEGREE  ATTENDING	200 AUTOPSY?  YES NOW  RED (ENTER NATURE OF INJU  CITY OR TO  death occurred on the death occurred occurred on the death occurred on the death occurred occurred on the death occurred occurred on the death occurred oc	20b. IF YES, WERI IN CERTIFYING OF YES 100 NOWN CO	E FINDINGS USED CAUSES OF DEATH NO THE PART 2)
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FOR - STATE REGISTRAR L DECEASED NAME (TYPE OR PRINT)

Matthora

# STATE OF MARYLAND

DEPARI	WENT	OF HEAL	IH ANU	WENTAL	. HTGI	FINE	
AFDICAL	FYAA	AINED'S	CEPTI	FICATE	OF D	EXTH	

F	S'S CERTIFIC	CATE	CHT	REG.	NO.	4	0	- 1	4	
	Wilson			20. DATE OF DEATH	KNOWN ESTI- MATED	X	монтн	DAY 5	YEAR 19 85	2b. HOUR
	MONTHS DAYS	HOURS		PRONOU DEAL	NCED		MONTH 5	5 5	YEAR 1985	3:21 P M

Line and the second	PACCE	IC AA			AATT2OI.	L				)	)	19 00	1
3. SEX	4. RACE	5. DATE OF BIRTH			UNDER 1 YR.	HOURS	R 24 HRS.	PRONOUNCED	N	AONTH	DAY	YEAR	3:2
male	black	8 7	34   50	YRS.	-			DEAD		5	5	1985	p
Je, BIRTHPLACE FOREIGN COUNTI		76. CITIZEN OF WHA		8. MA	RRIED XNE	VERMAR	RIED	9. BALTIMORE	_			EATH	
Maryl	and	U.S.A	١.	WIDO	OWED	DIVOR	CED	Baltin	ore	City	У,		M
10 CITY OR TOW	/N OF DEATH	11. NAME OF HOSP (IF NOT IN SUCH FAC	ITAL, NURSING H		THER INSTITU	TION		UAL OCCUPATIO MOST OF WORKING LI		WORK		ND OF BU NDUST	
Baltir	more	1406 N	. Bond St	treet									
		OR OTHER INSTITUTION, GIVE											
Mary 1	and 13b. COUI	VTY	Baltin		13d. INSIDE (			PREET ADDRESS 06 N. B	ond	St	ree	t 2:	1213
14. FATHER'S NA	ME	7712 1			15. MOTH	ER'S MAIL	DENNAM	E					

Herbert		Wilson		-		-			
I. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO, ORUNKNOWN)   (IF YES, GIVE WAR OR DATES)		166. SOCIAL SECURITY NO.	17. INFORMANT		ADD	RESS			
NO OK ONKNOWN)	(IF TES, GIVE WAR OR DATES)	216-32-5795	Willie	Nel1	Wilson	1406	N	Bond	St
IR CAUSE OF DEAT	H (Enter poly one course per l	ine for (a) (b) and (c)					1	APPROXIMATE	INTER

PART I DEATH WAS CAUSED BY	20050 per mie voi (a), (b), ana (e).)			BETWEEN ONSET AND DEAT
IMMEDIATE CAU	SE ( Arterioscleroti	<u>c cardiovascu</u>	lar disease	
(	DUE TO, OR AS A CONSEQUENCE O	F		
Canditians, if any, which				
gave rise to immediate cause (a) stating the under-	(b)	-		
lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	r		
	(c)			
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO CEATH BUT NOT RELATED TO THE TERMIN	AL DISEASE OR CONDITION GIVEN IN I	PART 1 (g)	
19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	TION WAS PERFORMED?		20 AUTOPSY?
	4. 14.0			YES NOXO
718. EXTERNAL CAUSE WAS	216. TIME OF INJURY	21c. HOW INJURY OCCURE	RED LENTER NATURE OF INJURY IN ITEM 18 1	PART I OR PART 2)
UNDERLYING OR	HOUR A.M. MONTH DAY YEAR			
CONTRIBUTING CAUSE OF DEATH				
21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION	CITY OR TOWN	COUNTY STATE
AT WORK AT WORK			CITOKTOWN	COUNTY
22a Leastifu that I took charge of the	e remains described abave, held an	Autapsy , Inspecti	ian X, Inquiry an	d in my opinion
The second secon		. mapeen	and and and and and and and and and and	a, opo

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN TENACH. IN TENACH. IN THE FORM PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL "IRANSIT PERMIT. PAGES 1 AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION (BALTIMORE, MARYLAND, 2120) PRIOR TO BURIAL, CREMATION, OR REMOVAL. Natural causes X Undetermined manner death resulted fram: Accident \_\_\_ Hamicide \_\_\_\_\_\_\_ TITLE (SPECIFY) ACTUAL M.D. Assistant SIGNATURE EXAMINER'S NAME Kauffman, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) ADDRESS 731. NAME OF CEMETERY OR CREMATORY 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION BURIAL 5/11/85 Baltimore Cemetery Baltimore

07/84 25M

**DHMH - 17** 

(VR A15 ME (5))

24 FUNERAL DIRECTOR

COUNTY

Md 25b. REGISTRAR'S SIGNATURE

ADDRESS 1101 E North Avenue C March F/H Inc.

STATE

5/6/85



140044	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF HEAL	MARYLAND TH AND MENTAL HYO TE OF DEATH	GIENE 8 5	1 4 3 7 6
		CEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH MONTH	DAY YEAR 25 HOUR
D 000	(1)*(	Wil	lie	WII	SON	May 12, 1985	5:45A <sub>M</sub>
	3. SE	Male	Black	5 DATE OF BIE	TH DAY YEAR 22	6. AGE (IN YEARS LAST BIRTHDAY) 62 YR:	MONTHS DAYS HOURS MIN.
	Ja. B	RIHPLACE (STATE OR FOREIGN COUNTRY) Mary Land	76. CITIZEN OF WHAT COUN	TRY? 8  MARRIED  WIDOWED	NEVER MARRIED DIVORCED	Baltimore City or Coun	
s officed single of the formal	10 C	TY OR TOWN OF DEATH  Baltimore	11. NAME OF HOSPITAL, NU. (IF NOT IN SUCH FACILITY, GIVES  Maryland G	IRSING HOME OR O' ITREET ADDRESS) eneral Hos		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	GLIFE) 126 KIND OF BUSINESS OR INDUSTRY
within 24 hour letely filled in 1 d 2 should be f	134.5	AL RESIDENCE (IF NURSING MOME	- 11 W	more YE	INSIDE CITY LIMITS?  S NO  NOTHER'S MAIDEN NA	130 STREET ADDRESS / ZIP CO	DE reet 21217
ond comp		VAS DECEASED EVER IN U.S. A	OWN  REMED FORCES? 16b SOCIAL  SIVE WAR OR DATES)  216-1	SECURITY NO. 17	NFORMANT AND A	Marcal 522 Poher	TSteat
equires that the death certificate a signed by the attending physicic. Then please remove carbon paper to burial, cremation, or removal.	NO	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS  (b) Superi  DUE TO, OR AS A CONS  DUE TO, OR AS A CONS  (c) Rectal	cell undi	upper l ava syndron superior v th fresh bl	ed carcinoma of obe of the LUNG me with compress rena cava by turn cood in the rect	ion of and or. osigmoid colon.
hos bee permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION W	AS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES 本本 NO □
SICIAN: The og physician certificate hrial-transit pental Hygier them 18 sha		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN		DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM	
offendir offendir ter this is the bu h and M rked or	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FICE FARM ETC )	LOCATION	CITY OR TOWN	COUNTY STATE
ATTENDIN ospital or ECTOR: Af d for use t of Healt m 21 is ma		saw the deceased alive o	pital) attended the deceased from May 12 Kriew the body after death.	85 and the		death occurred on the date and h	
by the h ERAL DIR e detoche Stote Dep		226 PHYSICIAN'S NAME (TYPE	Toune 11	P.D.	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	5-/3-85
O HOSPITAL etained by the TO FUNERAL should be detromith the Stote With the Stote MAPORTANT.		mien	- Moune	Mid.	827 Zi		et, Md 2/20/
BP 16		SURIAL, CREMATION, REMOVA	5/17/85	MT. ZI	TERY OR CREMATORY	Ballimore	md. STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)	24. F	William C.	Brown 1206	W. North	Ave. 250. DA	AX 15 1885 O	ISTRAR'S SIGNATURE

man di

183516 20. DATE KNOWN (TYPE OR PRINT) Wiabush OF DEATH MATED Jerry L. 4. RACE AGE (IN YEARS | IF UNDER 1 YR. 3. SEX DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 28 YRS DEAD 6 BLACK MALE 70 BIRTHPLACE 1. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. MARYLAND WIDOWED DIVORCED Baltimore City ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) University Hospital (STU) Baltimore 13e STREET ADDRESS 13a. STATE COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 314 Dewey ANNAPOLIS MARYLAND Drive 15. MOTHER'S MAIDEN NAME PAGES 1 MIDDLE ALONG WITH FORM PW MARI ON WIMBUSH TOMMY 7. INFORMANT Philadelphia AD PES. 19126 160. WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION (IF YES, GIVE WAR OR DATES) EMILY W. GREEN 1427-68th Avenue AIR FORCE RESERVE CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (o)\_\_\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? CHIEF BURIAL. INER THIS CERTIFICATE SHOULD THE WORLD THE WORLD THE CHANGE TO THE CHANGE 3 SHOULD BE UTHE STATE DEPARTMENT O 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 0 HOUR AND MONTH DAY UNDERLYING NOR CONTRIBUTING CAUSE OF DEATH subject driver motorcycle/auto collision 1985 AT WORK AT WORLE STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN roadway Forest Dr. & Newtown Dr., Anne Arundel, PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR, PY
AFTER DEATH WILL THE 22a. I certify that I took warge of the remains described above, held on ond in my opinion Homicide death resulted from Accident TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 PennSt (TYPE OR PRINT)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

236. NAME OF CEMETERY OR CREMATORY

PINELAWN MEM. PARK

**DHMH - 17** (VR A15 ME (5)) 20M 4/82

FOR

REGISTRAR

- STATE

Annapolis, Md. 21401 WILLIAM REESE & SONS MORTUARY, P.A.

5-7-1985

23a BURIAL, CREMATION, REMOVAL 23b. DATE

BURIAL

24 FUNERAL DIRECTOR

Annapolis, 250. DATE BEC'D.

23d LOCATION

REG. NO.

2b. HOUR

7:49

1985

1985

12b. KIND OF BUSINESS

BETWEEN ONSET AND DEATH

20 AUTOPSY?

YES T

NO [

STATE

OR INDUSTRY

SMITH

Maryland

5/2/85

make were the second of the se THE TAKE THE PARTY OF THE PARTY ALCOHOL: MALA HISTORY DE LA CONTRACTOR D 75 A

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

3		- 6	.4	7	7
5	5	-	Eug	0	4

		REGISTRAR			CENTIL	ICATE OF DEATH		REG. N	0		
		CEASED NAME FIRST	M	IDDLE		LAST	20 DATE O	FDEATH	MONTH DA	AY YEAR	2b. HOUR
1	LITTE	JOHN			WIN	CHESTER	MAY	17.	1985		5:05/
1	3. SEX	X	4. RACE		5. DATE O		6. AGE (IN	YEARS LAST BI		FUNDER I YEAR	IF UNDER 24 HRS
	1	Male	Black		INOM		31		YRS	ONINS DAIS	HOURS MIN.
7	Ja. Bl	RTHPLACE   STATE OF FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8 MARRIE	D NEVER MARRIED XX	9 BALTIMO	ORE CITY C	OR COUNTY O	OF DEATH	
2		MD	US.	A	WIDOW		BALT	MORE	CITY	7	MI
3		ALTIMORE		HOPKINS		PITAL	120 USUAL (TYPE OF WOI		ION OF WORKING LIFE)		OF BUSINESS OR
5	13o. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b COU		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Baltimor	4	13d. INSIDE CITY LIMITS?  YES NO   15. MOTHER'S MAIDEN NA	734	ADDRESS Linar	ZIP CODE	21229	
~	13.10	FIRST	MIDDLE	LAST		FIRST		MIDDIE		LAS	ST .
	16- 16	James VAS DECEASED EVER IN U.S. A		chester 16b SOCIAL SECUE	NITY NIO	lillian 17 INFORMANI		ADDR	McAl	lister	
	100 V		IVE WAR OR DATES)	215-60-4		James Winche	ester '	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		18 CAUSE OF DEATH (Enter of PART ). DEATH WAS CAUS	ED DV	ine for 101, (b), and		Annest				BETWEEN	ONSET AND DEATH
12	NO	PART 2 OTHER SIGNIFICANT	(c)				INAL DISEAS	SE OR CON	IDITION GIVE	N IN PART 1	o
1	CERTIFICATION	190. DATE OF OPERATION		ION FOR WHICH		N WAS PERFORMED	200 AUT	OPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDI	NGS USED S OF DEATH?
2		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE	MIN	INJURY A. MONTH DA	Y YEAR	21c HOW INJURY OCCURE	RED (ENTERN	ATURE OF INJU	IRY IN ITEM 18 PAI	RT I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE C		RM, ETC )	211 LOCATION STREET		CITY OR TO	OWN	COUNTY	STATE
ne' i		22a I certify that ## (this hasp saw the deceased alive a above, (I) (we) (did) (did)	n MAY 17	19.8		nd that in (my) (aux) apinion (	to		lote and hour	ond from the	that (1) ( <del>we</del> ) los couses stated
		22b. SIGNATURE	ar o	8	1	DEGREE  ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STA PHYSIC		22c DATE 5/17/	SIGNED /85
		CHARICS L	OR PRINT)			The Johns He	orkins	Hos	Pital, P	saltimon	(,mp.
		BURIAL, CREMATION, REMOVA BURIAL	5/23/8			W Mem. Pk.	23d LOC	ATION TTIMO	re	COUNTY	MD STATE

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health IMPORTANT: If Item 21 is

(VRA 15, 4)

24 FUNERAL DIRECTOR C. March F/H 1101 E. North Ave. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

# FOR - STATE REGIST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	5	-	4	3	7	-
	REG. NO.					

		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
5044		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH M	ONTH DAY YEAR 26 HOUR
0 to 0	(1111)		1 mond	Winegan	5-29	- 55 5 40
o b	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	
o to		m	6	MONTH DAY YEAR	2 71	MONTHS DAYS HOURS MIN.
OOL S	7a BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	28	9 BALTIMORE CITY OR	COUNTY OF DEATH
2 325		COUNTRY)	11-1	MARRIED NEVER MARRIED	1 2 1=	
E 6	10.61	Vac	(1 5 P)	WIDOWED DIVORCED		MI MILES DIES DE SANS
Kied /	10 0	TY OR TOWN OF DEATH	(IF NOT IN SUCH ACLUSTY, GIVE STREET	ING HOME OR OTHER INSTITUTION ET ADDRESS)	120 USUAL OCCUPATION	
Par led	15	allimore	hum	in tool	Laborer	- Steel worke
be t		AL RESIDENCE (IF NURSING HOME OF			TS? 13e.STREET ADDRESS / 2	7IP CODE
anld b		MD	() 15.	OFC YES NO	1000111	Aug. 21217
2 sh	14. FA	THER'S NAME		15. MOTHER'S MAIDE		
P		Phaselie	MIDDLE IN LAST	Vall Kabe	CCA MIDDLE R	O I I A C A
2 0	160 V	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDRES	S LSU ZVIE W
edicol			VE WAR OR DATES)	1222 11ab 1 41	100 / 10011 P	a Que 21212
S = E		NO	717-01-1	FILL HOLEN WIL	EGAN 18-7 NIV	APPROXIMATE INTERVAL
ope ovol.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), c	indici.) 5 15006-1	h	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eric eve			TE CAUSE (0) Henai	re Chcephao	paruy	
or o			DUE TO, OR AS A CONSEO	UENCE OF	,	
ion,		Conditions, if ony, which	( (b) Zu	er Circhi	Ses	
emo mon		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQ	HENICE OF		
, cre		underlying cause lost.	DUE TO, OR AS A CONSEC	DENCE OF		
or or		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDI	TION GIVEN IN PART 1/a
hen to b	N		containion o common re	7 Daniel Control No.	Tenning blocked an earlier	
nit. T	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		20b. IF YES, WERE FINDINGS USED
ws o	FFC				YES TI NOP	IN CERTIFYING CAUSES OF DEATH?  YES \( \bigcap  \text{NO} \( \bigcap \)
sho sho	ERT	210, ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY	71¢ HOW IN JURY OF	CCURRED (ENTER NATURE OF INJURY	
L 18		OR CONTRIBUTING CAUSE OF DE	- LIGHT A MA MONITH		COMILED (EMERICATION OF PROMI	
Hent	CA	( IF EITHER, NOTIFY MEDICAL EXAMINE		19		
d or	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	21f LOCATION STREET	CITY OF TOW	N COUNTY STATE
th o		AT WORK AT WORK		/	00 120	3 8
e oli	- 1		oital) attended the deceased from	3/10 19_	83 to 3 / 2	. 19 8), that (I) (we) los
21 2	100	sow the deceased alive or	n 19	and that in (my) (our) op	oinion death occurred on the date	e and have and from the couses stated
tep t		22h. SIGNADERE	/ L	DEGREE		220 DATE SIGNED
e De la la la la la la la la la la la la la		1 hus	in Colore	MANUEL MY ATTENDI		
Store		22d. PHYSICIAN'S NAME (TYPE		22e ADDRESS	AN DIRECTOR PHISICIP	13/-1/01
the the						
Shot Mark		1100000	EBREMARI			
\$ > =		BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMAT	ORY 23d LOCATION	COUNTY STATE
		Burial	6/2/85	DAVIS Cemele	ry LVOR	, l/A.
OM 4/83	24.5	UNERAL DIRECTOR	. / /	25	O DATE REC'D. BY REGISTRAR 2	birREGISTRAR'S SIGNATIVE
i, 4)		William	Spicer 16	39 M. Benadous	MAY 31 1985	1
	_	ALCO ALLEGATION OF THE PARTY OF		The state of the s		

DHMH - 16 50M 4/83 (VRA 15, 4)

IT COM BURGONE The state of the second st 

35645		Film G603: FOR /23/85 STATE REGISTRAR	item 5, rja		DEPARTMENT OF	HEALTI	MARYLAND H AND MENTAL H CERTIFICATE O	EDEATU 3	G. NO.	4 3	8 0	2
2000		PECEASED NAME	Willia	am.	MIDDLE	Ta7i	niarski	20 DATE KNOW OF ESTI- DEATH MATE	/N 🙀 MOI		YEAR 26 HO	UR
SARY PLEA ALDIRECTO YOUR, FILE IN 72 HOUS STON STREE	2.58	ALE CAU	E 5	DATE OF BIRTH	29 YEAR LASSESTH	YEARS IF UI	NDER 1 YR. IF UNDER	24 HRS. 24 DATE PRONOUNCED DEAD	MON	10	YEAR 24 HO 19 85 8:1	
N N N N N N N N N N N N N N N N N N N	70	ARYJANDE	ATH, II	USA I NAME OF HOS	SPITAL, NURSING HOA	WIDOV		Baltimo	TYPE OF WO	12h KI	ND OF BUSINESS	MD.
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F AND AND RETA RETA RESOUL	MÃ	RYLAND	BALT	IMORE	ROSEDA		YES NO K	938 ROSE	DALE	AVE.	21237	
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S AFTER D GIVE PAG GIVE PAG TITH FORN PAGES TO PAGES TO		WAS DECEASED EVER	IN U.S. ARMEI	D FORCES? ROPDATES)	2202063		VIRGINIA	WINIARSKI	938	ROSE	DALE A	VI
RECORDS, 201 W, PRESTON ST D. BE EXECUTED WITHIN 24 HO PENDING" IN PENCIL IN ITEM 1 MEDICAL, EXAMINER ALONG D. AS A BURIAL - TRANSIT PERM CALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL.	NO	Canditians, if a gave rise to cause (a) stating lying cause last.  PART 2 OTHER SIGNIFICAN	any, which immediate g the <u>under</u> -	(b)	AS A CONSEQUENCE	OF OF	ceriosclero	cic cardiova	scular	c dise	ase	
	CERTIFICATION	19a. DATE OF OPERA			TION FOR WHICH OPE					Bo	AUTOPSY? Only YES X	
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	2		1 took charge o	courses X	myth, M.D.	BOX Autop	Inspection   Ins	Undetermined manner  MEDICAL EXAMINER  Pan St., Bal	DA SK	SINEU	5 <b>–10–</b> 85 1201	
024048 024048	B	BURIAL, CREMATION, F		DATE 5/13/85	234 NAME OF C		DR CREMATORY		HOWAF		STATE MD	
DHMH - 17 (VR A15 ME (5))		Per	rock	12 (C	Cherano	No	MAY		REGISTRAF		ode 22	

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Table 1

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	or, po		3. SE	×M	T. RACE	1	5. DATE (		6. AGE (IN YEARS LAST BIRT		FUNDER I YEAR	IF UNDER 24 HRS
	oge irecto			771		5	7	112/25	60	YRS.		
6	th. P	100	C	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIE	NEVER MARRIED	9. BALTIMORE CITY O		OF DEATH	
	deo fune	6		Virginia TY OR TOWN OF DEATH	456		WIDOWI		Balt.	City		M
10	Sy the	notifie 1	10 C	Bald		CHEACHITY, GIVE STREET		OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST O		INDUSTRY	F BUSINESS OR
MARYLAND 2120	1)	must be	USU 130.	AL RESIDENCE (IF NURSING HE TATE 136)	OME OR OTHER INSTITUTION COUNTY	GIVE RESIDENCE BEFORE		130. INSIDE CITY LIMITS?	13e STREET ADDRESS	reff d	2/2	2
MARYL	amplet I)	exomine	14. F/	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE		LAST	
OPE,	nd co	medicol		VAS DECEASED EVER IN U.	S. ARMED FORCES? ES, GIVE WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS		
BALTIMO	on or	a me		Unkn:		214-20-5	382	Ms. Cynthia V	Winnigan (U	nkn.)		
BAL	physicic physicic	± ±		18 CAUSE OF DEATH (En	ter only one couse per	r line for (a), (b), and	dicul		-4 1 1	11	SETWEEN C	MATE INTERVAL INSET AND DEATH
ST.,	sertific ng ph bong	eve			EDIATE CAUSE (0)	Cord 18	Stul	monory	Stankst,			
PRESTON	th co	notic			DUE TO, O	R AS A CONSEQUE	NCE OF		1		1000	
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₹ .	the eren	other			he DUE TO, O	R AS A CONSEQUE	NCEOF					
102	ed b	0 0			( (c)							
DS, 3	sign sign hen p	lury,	z	PART 2 OTHER SIGNIFIC	ANT CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1(c	
Ö		ui Auo	ATIO	190 DATE OF OPERATION	119b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES.	WERE FINDIN	GSUSED
DIVISION OF VITAL RECORDS.	n. n. hos k	0 m	CERTIFICATION	~					YES NOT		ING CAUSES	
/ITA	ysicio ysicio cote cote	18 shows	ER.	21a. ACCIDENT WAS UNDERLYIN				21c HOW INJURY OCCURR				NO []
OF	lySICIAN: ding physics s certifical buriol-fron	them 1		OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	OI OLAIII	.M. MONTH DA .M.	Y YEAR					
NO	HYS Iding	÷ /	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		211. LOCATION STREET	C.T. CO TO.		COUNTY	
IVIS	affer of the state	orked	ž	WHILE NOT WHILE THE AT WORK	] (AI HOME, SI	REET, FACTORY, OFFICE, FA	ARM, ETC.)	11 cd	CITY OR FOW	1	COUNTY	STATE
٥	A Af	e s		220.1 certify that (1) (this	hospital) attended 1	e deceased from_		4/19 10	, to5/	1 1	9 80	hat (I) (we) los
	spita Spita	121	1	sow the deceased ali above, (1) (we) (did) (did)		ofter death.	85,0	nd that in (my) (our opinion o	death occurred on the do	te and hour	and from the	ouses stated
	or A	Her		22b. SIGNATURE	1	1		DEGREE		- \	22c. DATE	IGNED
	A A A B B B B B B B B B B B B B B B B B	± = = = = = = = = = = = = = = = = = = =		11. 8	ey MI			MP ATTENDING PHYSICIAN	MEDICAL STAF		5//	185
	FUNERAL States	STAR		224 PHYSICIAN'S NAME	TYPE OR PRINTY			22e. ADDRESS	11 11	. 1	0	
	etoined TO FUN should b	MPORTANT		Henry	Ohley	en		Montepe	10 1/33	DIT	al	
	5 5 - 2 3	<u> </u>	23a (	URIAL, CREMATION, REMO	-		IAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	1	OUNTY	STATE
	BP			ial Removal	5/3/	858/9/85	Md.	Veterans Cemer	tary Owing	s Mill	9	Md

Balto., Md.

Fight G606 item 23a,b,c,d, DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Collette Winnigan

135513

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

Anatomy Board

DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND

CERTIFICATE OF DEATH

REG. NO

STATE Md.

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ADROTO
136059

bmpletely filled in by the funeral divided and 2 should be filed within 72 hou

should be detached for use as the burial-transit permit. Then please remove carbonoppers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion

FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	5	2	4	3	8	5
•	REG NO	3		160	63	-

REGISTRAR		CERTIF	CATE OF DEATH	REG. NO.	1 7 0	0
1. DECEASED NAME FIRST (TYPE OR PRINT)	SLAW	WIN	INIK	20. DATE OF DEATH MONTH	10 85	26 HOUR
3. SEX	4 RACE	5. DATE O	F BIRTH  DAY  YEAR  O-S  O-S	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24
70 BIRTHPLACE (STATE OF FOREIGN' COUNTRY) Poland	76. CITIZEN OF WHAT COUNTRY  USA	MARRIED	X NEVER MARRIED	Baltimore CITY OR CO		
Baltimore	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE GOOD Samar	ING HOME O	ROTHER INSTITUTION Hosp.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Minister	ING LIFE) 12b. KIND OF INDUSTRY	BUSINES:
USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 13b. COU		WN I	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 4754 Shamr		sion 212
Joseph Winni			15 MOTHER'S MAIDENNA/ Alexandr	ia Pogodin	LAST	
160 WAS DECEASED EVER IN U.S. A. (1F YES, NO OR UNKNOWN) (1F YES, G	rmed forces? 16b social sector was or dates) 213-58		I7 INFORMANT Zenaida Wi	nnik, same	address	
	DUE TO OR AS A CONSTO	UENCE OF	AL INFAM	retion.	TALLURI N GIVEN IN PART I 10	
190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION	WAS PERFORMED		IF YES, WERE FINDIN ERTIFYING CAUSES ( YES	
VALUE OF THE STATE		19	21c HOW INJURY OCCURR 21L LOCATION STREET	ED (ENTER NATURE OF INTERPY IN THE	m 18 Part   Or Part 2}  COUNTY	STA
sow the deceased alive or above, (b) (we) (did) (did no 22b. SIGNATURE	view the body after death.	85_, an	d that in (my) (aur) apinion of GREE  ATTENDING PHYSICIAN	, to	hour and fram the c	
22d. PHYSICIAN'S NAME (TYPE	LO DEPESTA	E	600D SAM	ARITANHOSPI	TH (BALT	imo
230. BURIAL, CREMATION, REMOVAL Burial			METERY OR CREMATORY  ns of Faith	23d LOCATION CITY OR TOWN Balto., M	d.	STA

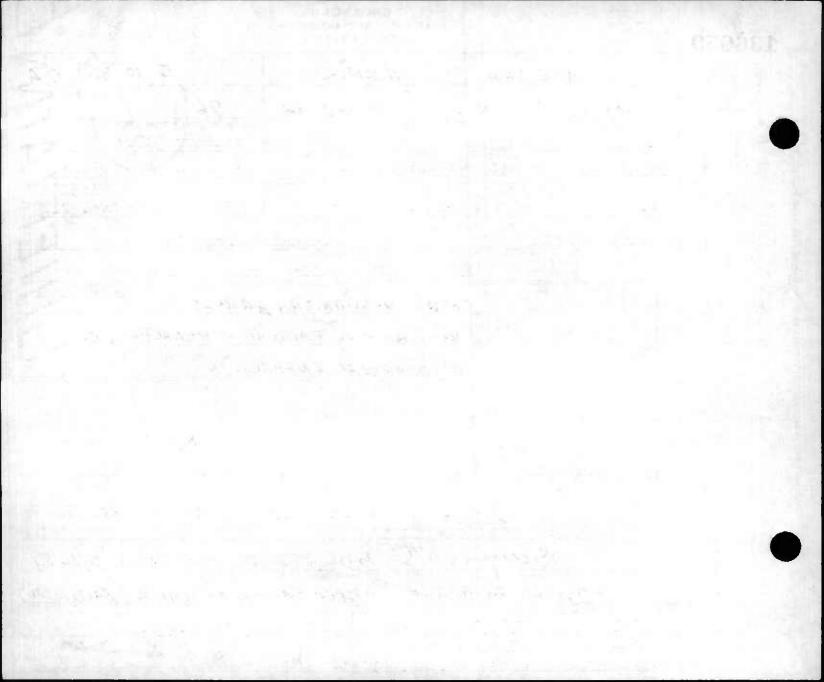
DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

Schimunek Funeral Home, ADJInc.

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURED

3331 Brehms Lane, Balto., Md. 21213



**DHMH - 17** (VR A15 ME (5)) 24 FUNERAL DIRECTOR MUNE Funeral Home, Inc. Brehms Lane, Balto, Md. 21213UN 5

250. DATE REC'D. BY REGISTRAR

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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1	40	•	-	100		

	KEOIOTKAK						1	(EG. NO.					
	ECEASED NAME FIRST		IDDLE	LAS	T	2 a C	ATE OF DE	ATH MON	ITH DA	YY YE	EAR	26 HOUR	R
	ANNI	E	L. W	INST	N	M	AY 18	3, 19	85			7:0	5 M
3. SE	EX	4 RACE		S. DATE OF		6. AC	SE (IN YEARS	LAST BIRTHDAY		FUNDER I	DA15	IF UNDER 2	24 HRS
	Female	Black		MONTH	13 16		69		YRS				
	BIRTHPLACE (STATE OF FOREIGN		VHAT COUNTRY?	8 AAA PRIED	☐ NEVER MARRIED	9 BA	LTIMORE	CITY OR CO	OYTNUC	OF DEA	TH		
	N.C.		USA	WIDOWED		□ B	ALTI	MORE	CIT	Y			MD.
	ALTIMORE	(IF NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET S HOPKI	ADDRESS)	SPITAL		USUAL OCC	EMPATION R MOST OF WO	RKING LIFE)			F BUSINE	SSOR
13a	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COL	INTY	BALTIMORI	Z 11	3d INSIDE CITY LIMITS	S?   13e.S	TREET ADD	RESS / ZIF	rne CODE	Ave.	. 2.	1213	
14 F	Arthur	MIDDLE Win	borne	1	S MOTHER'S MAIDEN TINCY	NAME	м		inbo	rne	LAST		
160	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU 216–48–11		7 INFORMANT Thirkielld	IM. E	chols	815	N. S		,		_
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA		RESPINA	1	Parture					BET	PPROXIM	MATE INTERVINSET AND D	VAL DEATH
	Conditions, if any, which gave rise to immediate	DUE TO, OR	AS A CONSEQUE	ENCE OF	ungean	ur				-	71	82	
	cause (o), stating the underlying couse last.	DUE TO, OR	AS A CONSEQUE	ENCE OF	0		- 1	vi i			3/	82	
NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO D	DEATH BUT N	OT RELATED TO THE T	TERMINAL	DISEASE O	RCONDITIO	on Giver	N IN PA	ART 160		
CERTIFICATION	19a DATE OF OPERATION			OPERATION	WAS PERFORMED		AUTOPS		V IF YES, CERTIFYI YES	ING CA			H?
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  THE EITHER NOTIFY MEDICAL EXAMIN	LAIN .	A. MONTH DA	AY YEAR	21c HOW INJURY OC	CURRED (	enter nature	OF INJURY IN	ITEM 18 PAR	₹T 1 OR PA	4RT 2)		
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY SET, FACTORY, OFFICE, F		TIE LOCATION STREET		CI	TY OR TOWN		COUN	4TY	51	TATE
	22a.1 certify that (I) (this hosp saw the deceased alive of above, (I) (we) (did) (did n	n 5118	195	, ond	that in (my) (our) opin	nian death	accurred or	he date o	ind haur r	and fran		hat [] (w	
	22b. SGNATURE	Meune		M	GREE ATTENDIN PHYSICIA		DICAL ECTOR [	STAFF PHYSICIAN	a/	224	DATE S	SIGNED	5
	Dimitri Me	orprint).			600 N.V	VOIF	e st	- B6	16	MA	.2	120	5
23a	BURIAL, CREMATION, REMOVA			NAME OF CEA	METERY OR CREMATO	ORY 23	d. LOCATIO			COUNTY		SI	TATE
	Burial	5/23/85	Ra	ltimor	e Cem			mana		200-11		Mal	

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Wm. C. March F/H 1101 E. North Ave.

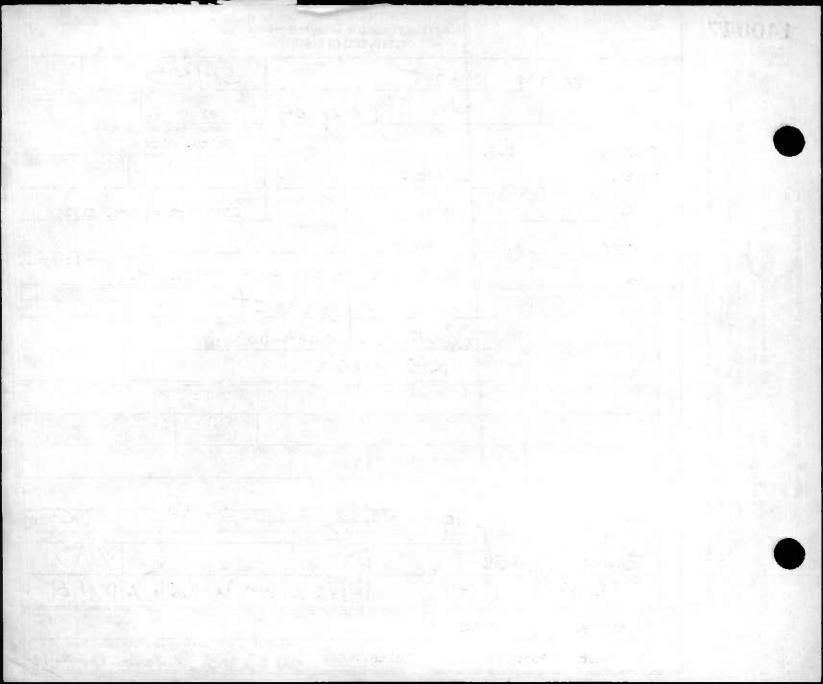
250 DATE REC'D. BY REGISTRAR 25b RECISTRAR'S SIGNATURE

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(VRA 15, 4)

47	1 -	FOR STATE REGISTRAR	DEPARTMENT OF CERTI	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N		8 5
deoth deoth	[ TYPE	CEASED NAME FIRST	y Wisnet	LAST	5/4/5	MONTH DAY YEAR	2b. HOUR
ector. p	3 SEX	M	MON	OF BIRTH	6. AGE (IN YEARS LAST BIR	MONTHS DAYS	HOURS MIN.
76 20		OUNTRY) Maryland	U.S. WIDOW		Balto.		WC
by the tone filed within notified et		TY OR TOWN OF DEATH Balto.	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE-STREET ADDRESS)  Key Hosp.		120. USUAL OCCUPATI		OF BUSINESS OR
auld be	13a. S	RESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130. CITY OR TOWN Balto.	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / 5200 Eas	ZIP CODE Stern Ave. 2	1224
ond 2 sh	14. FA	THER'S NAME FIRST Harry	A. Wisner	15. MOTHER'S MAIDEN NA	ME	ĮA:	iT
Pages medical		VAS DECEASED EVER IN U.S. AR/ ES, NO OR UNKNOWN)  NO	MED FORCES? 166. SOCIAL SECURITY NO. 218-18-210	17 INFORMANT 1 Ms. Jane Ha	addre ager Balto	1803 Summ ., Md.	nit Ave.
in signed by the offending plane plean please remove carbons. It has please remotion, or remainingly, or ather traumotic eve	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  ONDITIONS CONTRIBUTING TO DEATH BU	al disternance of the term	hor	DITION GIVEN IN PART 10	0
t permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATE	ON WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YES, WERE FINDING CAUSES YES	
entol Hygien 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M. 19		RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART ?)	
os the bu	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	S COUNTY	STATE
FUNERAL DIRECTOR: Jid be detoched for us, the State Dept, of Hec ORTANT: If Item 21 is r		sow the decreased alive on, obove (i) (we) (did) (did not 22b. SKWATURE	iol) ottended the described from 19	DEGREE ATTENDING PHYSICIAN [ 1276 ADDRESS	MEDICAL STAI	FF 220 DATE	
should be defined with the State	23a. B	URIAL, CREMATION, REMOVAL SPECIFY) Removal	23b. DATE 23c. NAME OF 5/8/85	CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	Ofo, MPZ	STATE
6 50M 4/83	24. FL	INERAL DIRECTOR  NAME Anatomy B	oard ADDRESS Balt	0., Md. 250. DAT	E REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNAT	URE 4

STATE OF MARYLAND



executed within 24 hours ofter

OR ATTENDING PHYSICIAN: The low requires that the death certificate be

etoined by the hospital or attending physicial

TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral directing should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled within 72 hours at with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

must be notified of once.

medicol

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the

42148	FOR STATE REGISTRAR		DEP	ARTMENT	OF HEALTH A	AND
/	1 DECEASED NAME	FIRST	MIDDLE	3	LAST	

STATE OF MARYLAND MENTAL HYGIENE DEATH REG. NO.

	1. DEC	EASED NAME FIRST	WIDDLE		AST		20 DATE OF DEATH MONT	H DAY	YEAR	26 HOU	R
	(TYPE	Witherspoon; E	verett (NM	t)			5/16/85			7:4	OAM
1	3. SEX	7711217101172	4 RACE	5. D'ATE C	) F BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)			IF UNDER	2.411110
		male	Black	MONTH 2	T/a	YEAR /	70	MONTHS:	DAYS	HOURS	MIN.
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	ITRY? 8	DE NEVER M.	APPIED	9 BALTIMORE CITY OR CO		ATH		
10	,	W. C.	USA	WIDOWE	•	ORCED	city				MD.
200	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE		OR OTHER INSTI	TUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	(ING LIFE) IND	USTRY	F BUSINE	SSOR
52	- 4	butimore	Wyman	Park			Rigger	S	TRE		
35	USU A 13a. S	AL RESIDENCE (IF NURSING HOME OR TAKE 136 COUN			13d. INSIDE CIT	Y LIMITS?	13e.STREET ADDRESS ZIP 2312 ASV	CODE	IA	ve	2/20
	14. FA	THER'S NAME	MIDDLE 1 / LAS	1	15 MOTHER'S	MAIDEN NAM	AE MIDDLE A	- (	* 1451		
20		Richard	Wither	Spoon	Ma	gaie	W.	theis	pos	20	
7		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMAN	42	ADDRESS	2 4	-1 1		
/	,,	yes	242-2	26.8661	AINAI	e W.t	herspoon 2			and	mo
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	D BV	0 4					APPROXI	MATE INTER	DEATH
			TE CAUSE (0) ASPIRA	ation							
			DUE TO, OR AS A CONS		1.600			- 1			
		Conditions, if ony, which gove rise to immediate			hSCE!			_			
		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONS	EQUENCE OF	angit	-1'5					
	z	PART 2 OTHER SIGNIFICANT (					INAL DISEASE OR CONDITIO	n given in i	PART Iro	1	
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFOR	MED .		IF YES, WERE			
-1	IFIC	4117/95	Choledy	54000	lap, de	ucalma	VES TO NOT	CERTIFYING (	CAUSES	OF DEAT	
2	CERI	21a. ACCIDENT WAS UNDERLYING		200	21c. HOW INT	UTY OCCURR	ED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR	PART 2)		
1	7	OR CONTRIBUTING CAUSE OF DEA	1	DAY YEAR							
	MEDIC	216 INJURY OCCURRED	21e PLACE OF INJURY	TENCE TARM ETC.)	211 LOCATION	N	CITY OR TOWN	co	UNIY	5	STATE
	¥	MHILE NOT WHILE	TAL HOME STREET, PACTORY, O	PFILE PARM, EIC )							
		22a.1 certify that (1) (this hospi	tal) attended the deceased f	rom	4/16	. 19_85		6 19 2	35.	that (I) (	we) lost
		sow the deceosed olive on obove, (1) (we) (did) (did no		19 <u>925</u> , or	nd that in (my) (	our) opinion o	death occurred on the date or	nd hour and f	om the	couses st	oted
		226. SIGNATURE	Herod On 1.	GAR)		TENDING _	MEDICAL STAFF DIRECTOR PHYSICIAN		DATE	SIGNED S	
		22d. PHOSICIAN'S NAME (TYPE C	OR PRINT)	04.10				4	7	100	
1		Melissa	Fasildlan	1	Wym	nan Po	nk Hospita				
		BURIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF C	EMETERY OR CI		23d. LOCATION	COUN	114 8	Α .	STATE
		Barral	5-22-85	Crou	insuille	0	Crownsu		M	d.	nait.

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

DAMA 24 FUNERAL DIRECTOR NAME A. morton + Suns

ADDRESS 1701 Laurens MAY 20

REGISTRAR 25% REGISTRAR'S SIGNATURE

Sales Committee of the

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	rs ofter deoth. P	by the funeral d filed within 72 ha	1	Surred of the	A M
	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer death. Pager retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral directions should be detached for use as the busial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hour	1	IMPORTANT: If them 2.1 is morked or them to shows only injury, or other troumonic event, the medical examined in the parties of affects.	-
	tificote be execut	physicion and an npopers. Pages 1	movol.	vent, the medical	
	of the deoth cer	by the offending	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	other froumotic e	
	e low requires th	tos been signed l	ne prior to buriol	ws ony injury, or o	
	TO HOSPITAL OR ATTENDING PHYSICIAN The large ined by the hospital or attending physician.	r this certificate h	and Mentol Hygie	ed or nem 18 sho	
D	OR ATTENDING e hospitol or of	Ched for use os	Dept. of Health of	Tem 21 is mork	
	HOSPITAL (	FUNERAL (	h the Stote L	- CKAN	

067	1-	STATE REGISTRAR	CERTIFICATE OF DEATH						
Careth County		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH D	AY YEAR 26 HOUR			
			AM MURIC. WOLF		MAY FT 27 19	85 3.45PM I			
	3 SEX		4. RACE	5. DATE OF BIRTH  NONTH DAY  10-5-1915	69 YRS	AONTHS DATS HOURS MIN.			
2 hour	. (	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY				
500	MARYLAND  JO CITY OR TOWN OF DEATH		U.S.A.	WIDOWED DIVORCED	BALTIMORE C				
iled will		BALTO.	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  CHURCH HOSPITAL		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  SECURITY  120. KIND OF BUSINESS OR INDUSTRY  STATE				
\$35	130. S	AL RESIDENCE (IF NURSING HOME OR			136.STREET ADDRESS / ZIP CODE	AVE 21224			
ond z su	14 FA	THER'S NAME FIRST WILLIAM	WOLF IAST	15 MOTHER'S MAIDEN NA	BETH I. DRIVE	LAST			
Medicol	160 V		MED FORCES? 16b SOCIAL SECU E WAR OR DATES! 214-03-2	RITY NO 17 INFORMANT	Noll-426 N. M.	7			
t, the		18 CAUSE OF DEATH (Enter on	ly one couse per line for (o), (b), one	d (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
c ever	PARTIL DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) CARCINOMA OF THE LUNG  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which ( b) RENAL FAILURE ANEMIA—HYPERCALCEMIA								
on, or									
d, cremoter		Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost.  (a)  RENAL FAILURE ANEMIA—HYPERCAT.CEMTA  DUE TO, OR AS A CONSEQUENCE OF							
to burio njury, or	NO	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART 1:0			
the burd-transit permit ond Mental Hygiene prior ond Mental Hygiene prior ked or Item 18 shows ony it	IFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED 'ING CAUSES OF DEATH?			
	AL CERTIFI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA				
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE			
deolth is mo			tol) ottended the deceosed from			9_85_, that (I) (we) lost			
n. 21			1) view the body after death	85, and that in (my) (our) opinion	death occurred on the date and hour				
AT: If the		The SIGNATURE THE THE	DECATE DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D			5/27/85			
with the S		MATKED TMDA	GLIATELLI M.D.		H HOSPITAL COR				
IMP(	23a E	URIAL CREMATION REMOVAL		IAME OF CEMETERY OR CREMATORY	BROADWAY BALTO	•, MD 21231			
	(	SPECIFY) BURIAL		OLY REDEEMER GIN	BALTO, MD	COUNTY STATE			
50M 7/B4	24 M	IF ERAL DIRECTOR	- 2334 Jifter	250 PA	TE REC'D BY REGISTRAR 256. REGIST	TAR'S SIGNATION AND			

STATE OF MARYLAND

HALE DOWN IN COLUMN TO THE REAL PROPERTY OF THE PARTY OF

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 143062 - STATE MEDICAL EXAMINER'S CERTIFIC REGISTRAR REG. NO 1. DECEASED NAME 20 DATE KNOWN X 2h HOUR ITYPE OR PRINTI OF ESTI-Wright, Sr. John Ellwood 20 10 85 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 3. SEX DATE 2d HOUR B: 18A MONTH LAST BIRTHDAY) DAY YEAR PRONOUNCED 9 Male 19 1985 Black 16 65 20 DEAD 70 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY MD USA Baltimore City, WIDOWED DIVORCED AND 3 TO THE SETAIN PAGE SHOULD BE FILED IN RECORDS, 2017 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore Good Samaritan Hospital USUAL RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE REFORE ADMISSIONS 13e STREET ADDRESS 5303 Midwood Ave. BALTIMORE, MD. 21201 13d INSIDE CITY LIMITS? 13b COUNTY 13L CITY OR TOWN Baltimore 21212 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME DEATH. Harvey Wright Lillie Swann 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO DIVISION NO OF UNKNOWNS NO. 217-14-9911A John E. Wright, Jr. 965 Argonne Dr. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) ALONG W BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Pulmonary embolus DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES X NO [ 21s EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., FE WORD "PENDING" IN PENCIL IN ITEM IE THE CHIEF MEDICAL EXAMINER ALONG Y ILD BE USED AS A BURIAL - TRANSIT PERMIT MENT OF HEATTH AND MENTAL HYGIENE, TO BURIAL, CREMATION, OR REMOVAL. CERTIFICATION PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNRAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HI BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL. THE WORD HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK 228 I certify that I took charge of the remains described above, held an Inspection and in my apinian Natural causes death resulted from Hamicide TITLE (SPECIFY) Assistant EXAMINER'S NAME Margarita A. Korell, M. D. D. D. RESS 111 Penn St. Balto.MD. (TYPE OR PRINT) 238 BURIAL, CREMATION, REMOVAL 236 DATE

07/84

DHMH - 17 (VR A15 ME (5))

Burial 24 FUNERAL DIRECTOR 5/22/85

23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.

23d. LOCATION

COUNTY

Anne Arundel Co.

STATE MD

5/20/85

STATE

COUNTY

25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

Wm. C. March F/H 1101 E. North Ave.

26	1-	FOR STATE REGISTRAR		DEPARTM	ENT OF H	E OF MARYLAND BEALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8 5	<b>)</b>	4 3	8 9
)		CEASED NAME FIRST / OR PRINT! HILBERT	J MIDDI	J Wisebbens		20. DATE OF DEATH MONTH DAY YEAR 26. HOUR 5 19 85 4:460				
	1. 5E2			10	S. DATE OF BIRTH MONTH DAY YEAR 9 20 05		6. AGE (IN YEARS LAST BIRTHDAY)   FUNDER I YEAR   MONTHS   DAYS   YRS			IF UNDER 24 HRS
1/	7a. BII	RTHPLACE (STATE OR FOREIGN	OSA	CITIZEN OF WHAT COUNTRY? 8  MARRI WIDOW		D MEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH			MD.
39		Baltimere		PITAL, NURSING	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Ret. Luthe:	F WORKING LIFE)	INDUSTRY	BUSINESSOR
33	13a. S	Md Wicom	TY 13c	RESIDENCE BEFORE CITY OR TOWN	4	13d. INSIDE CITY LIMITS? YES MO	130. STREET ADDRESS			bury 11 218
12/	14. FA	Edward	AIDDLE	Wuebber Wuebber	18	IS. MOTHER'S MAIDEN NAM	MIDDLE		LAST aumann	
12		AS DECEASED EVER IN U.S. ARA ES, NO OR UNKNOWN) (IF YES, GIVE	WILL ORD LIFE:	SOCIAL SECUE 373-22-		Mrs. Virginia	C. Wuebber		e as #	4 13e
rease remove coroonpup iol, cremotion, or removal or other troumotic event, t		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS  (b)  DUE TO, OR AS	s a conseque	NCE OF NCE OF	lar disease				
r to bur injury,	NOI	PART 2 OTHER SIGNIFICANT C HYPOKENS		RIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART 110	
shows any	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITIO	N FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES [	G CAUSES	
Mentol Hygins I sh		2] (I, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	116. TIME OF IN HOUR A.M. P.M.	JURY MONTH DA	Y YEAR	21¢ HOW INJURY OCCURRI	D (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	1 OR PART 2)	
h ond M	MEDICAL	21d INJURY OCCURRED  WHILE OOT WHILE OT WORK	21e. PLACE OF I	NJURY FACTORY, OFFICE, FA	IRM, ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
of Health		22a.1 certify that (I) (this hospit saw the deceased alive on above, (I) (we) (did) (did not	5/19	19	35.0	nd that in (my) (our) opinion d	eoth occurred on the do	19. ate and hour o		hot (I) (we) lost couses stated
ofe Dept IT: If them		226. SIGNATURE	7			DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		5/15	9/85
with the Stot		22d PHYSICIAN'S NAME (1/PEO)	DRIGUEZ			22e ADDRESS				
5 3 ≧	22- 0	LIDIAL CREATATION DEMOVAL	Table DATE	22. 61	AME OF	EMETERY OR CREMATORY	1234 LOCATION			

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

23a BURIAL, CREMATION, REMOVAL

231 NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

STATE

Cremation 24 FUNERAL DIRECTOR

May 21, 1985 Westview

Baltimore Maryland
250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Leonard J. Ruck, Inc. Baltimore, Md.

Jandron Randalle

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rs. Virginia . Tuebbens lane as 1 c

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backwas, samidlad

Leonard J. Ruck, Pur. Baltimore, Md.

		FOR
1	-	STATE
		REGISTRA

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	40	29	13	13
	4	J	9	0
REG. NO.				

DEECASED NAME   PROJECT   THE CORPORATION   PROJECT   THE CONTROL   TH	3. SEX		FIRST									
Harry C. Wyatt    Safe of Birth   Bar   Ba	70 BI					LAST		20. D	OF ESTI-	MON NON	NTH DAY	YEAR
Male Black 9 27 31 53 YRS    ABBRIHPLACE (STATE OR FORCE)   ABBRIHDAN)   ABBRIHDAN)   ABBRIHDAN   ABBR	70 BI					Wya		DE	ATH MATED	5	/ 22/19	85
Male Black 9 27 31 53 VRS DEAD 5/22/19 85.    The citizen of What country Va   The country Va   The country Va   The country Va   The country Va   The country Va   The country Va   The coun	7a BI	4	RACE		YEAR LAST BIRT					MON	TH DAY	YEAR
USA   USA   WIDOWED   PARVER MARRIED   Baltimore City	70 BI					YRS.			DEAD	5		
13. CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION   12. USUAL OCCUPATION (IPPED WORK   13. KIND OF BL. OR INDUST   13. USUAL DECESS)   13. WASDENCE FOR THE NOTIFICATION (IPPED WORK   13. KIND OF BL. OR INDUST   13. CITY OR TOWN   13. CITY OR T	FO	RTHPLACE (STAT	É OR		AT COUNTRY?	8. MARRIED	NEVER MARR	IED 9 BA	ALTIMORE CI	TY OR COL	UNTY OF DE	ATH
Baltimore  Provident Hospital  USUAL RESIDENCE (# IN INDRESING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMESSION)  136. STATE  USUAL RESIDENCE (# IN INDRESING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMESSION)  136. CITY OR TOWN  Balto.  136. COUNTY  Balto.  137. STREET ADDRESS  5417 Fairlawn Ave. 2  14. FATHER'S NAME  Paul  Wyatt  Bessie  Stewart  168. WAS DECEASED EVER IN U.S. ARMED FORCES? (198. NO, OR UNKNOWN)  Yes  169. SOCIAL SECURITY NO.  225-36-4715  Emma Lee Wyatt 5417 Fairlawn  188. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a). Arteriosclerotic Cardiovascullar Disease  DUE TO, OR AS A CONSEQUENCE OF  (b).  DUE TO, OR AS A CONSEQUENCE OF  (c).  FART 2 OTHER SIGNIFICANT (ONOTITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 i.e.  198. DATE OF OPERATION  199. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS  210. FART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS  210. EXTERNAL CAUSE WAS  210. FINE OF INJURY  HOUR A.M. MONTH DAY YEAR  190. THE WORLD WAS PERFORMED?  210. EXTERNAL CAUSE WAS  210. EXTERNAL CAUSE WAS  210. FINE OF INJURY  HOUR A.M. MONTH DAY YEAR  190. THE WORLD WAS PERFORMED?  211. HOW INJURY OCCURRED WAS WAS WAS A PROPERTY OF INJURY WAS PERFORMED?  211. HOW INJURY OCCURRED WAS WAS A PROPERTY OF INJURY WAS PERFORMED?  211. HOW INJURY OCCURRED WAS WAS WAS A PROPERTY OF INJURY WAS PERFORMED?  211. HOW INJURY OCCURRED WAS WAS WAS A PROPERTY OF INJURY WAS PERFORMED?  211. HOW INJURY OCCURRED WAS WAS WAS A PROPERTY OF INJURY WAS PERFORMED?  211. HOW INJURY OCCURRED WAS WAS WAS WAS A PROPERTY OF INJURY WAS PERFORMED?  211. HOW INJURY OCCURRED WAS WAS WAS WAS WAS A PROPERTY OF INJURY WAS PERFORMED?  2121. HOW INJURY OCCURRED WAS WAS WAS WAS WAS A PROPERTY OF INJURY WAS PER									altimo	re Ci	ty,	
136 STATE   136 COUNTY   136	10. CI	TY OR TOWN OF	DEATH				INSTITUTION	FOR MOST C	OCCUPATION OF WORKING LIFE)	(TYPE OF WO	ORK 12b KIND OR II	
136 STATE   136 COUNTY   136 CITY OR TOWN   136 MISDE (ITY LIMITS)   136 STREET ADDRESS   146 STREET ADDRESS   145 FREST AND   15 MOTHER'S MAIDEN NAME   145 FREST AND   15 MOTHER'S MAIDEN NAME   145 FREST ADDRESS   166 MAS DECEASED EVER IN U.S. ARMED FORCES?   166 SOCIAL SECURITY NO.   225-36-4715   17 INFORMANT   ADDRESS   212 MADDRESS   225-36-4715   18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   PART I DEATH WAS CAUSED BY:   160 MAS C												_
15. MOTHER'S MAIDEN NAME   FRIST   15. MOTHER'S MAIDEN NAME   FRIST   16. WY att   Bessie   Stewart		TATE			13c. CITY OR TOWN		. INSIDE CITY LIMITS?	13e STREET A	DDRESS			
Paul Wyatt Bessie Stewart  16e. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  18b. SOCIAL SECURITY NO. 225-36-4715 Emma Lee Wyatt 5417 Fairlawn  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascullar Disease  OUE TO, OR AS A CONSEQUENCE OF  OUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR (DNOTTION GIVEN IN PART 1 Ind.)  19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  17a. EXTERNAL CAUSE WAS 17b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 17c ENTERNAL CAUSE WAS 17b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 17c CONTRIBUTING CAUSE OF DEATH P.M. 19  17a. EXTERNAL CAUSE WAS 17b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 17c CONTRIBUTING CAUSE OF DEATH P.M. 19  17b. INFORMANT ADDRESS 212  STEWART TO THE PROPERTY OF THE TERMINAL DISEASE OR (DNOTTION GIVEN IN PART 1 Ind.)			***************************************		Balto.				Fai	rlaw	n Ave	. 2
166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) Yes  18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease  Conditions, if any, which gave rise to immediate cause (a) storting the underlying cause lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in  196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS UNDERLYING OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. INJURY OCCURRED  216. PLACE OF INJURY (ATHOME. 21f. LOCATION)  216. PLACE OF INJURY (ATHOME. 21f. LOCATION)	14. FA	THER'S NAME FIRST		MIDDLE		15.	FIRST		MIDDLE		LAS	ST
(YES, NO, OR UNKNOWN) Yes  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic CardioVascullar Disease  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate couse (a) storing the underlying cause lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)  196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. INJURY OCCURRED  216. INJURY OCCURRED  216. INJURY OCCURRED  216. INJURY OCCURRED  216. INJURY OCCURRED  216. INJURY (AT HOME, 216 LOCATION)								e			Stewa	
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Arterioscleratic Cardiovascular Disease  Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Ind.  199. DATE OF OPERATION  199. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OF INJURY HOUR A.M. MONTH DAY YEAR HOUR A.M. MONTH DAY YEAR POWER OF INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART 1 OR PART 2) TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Ind.  210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19  211. INJURY OCCURRED 216 PLACE OF INJURY (ATHOME, 211 LOCATION)	16a V	ES, NO, OR UNKNOWN	VER IN U.S. ARM	VAR OR DATES)								
PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease  DUE TO, OR AS A CONSEQUENCE OF  Que rise to immediate cause (a) storing the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in.  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  21a. EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIBUTING OR CONTRIBUTING TO PART 2 TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in.  21a. EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIBUTING OR A.M. MONTH DAY YEAR CONTRIBUTING OR CONTRIBUTING OR A.M. MONTH DAY YEAR CONTRIBUTING OR CONTRIBUTING OR DEATH P.M. 19  21d. INJURY OCCURRED  21e. PLACE OF INJURY (ATHOME, 21f. LOCATION		Yes			225-36	-4715	Emma L	ee Wya	tt 54	17 F		
Conditions, if any, which gave rise to immediate cause (a) Stating the under-lying cause lost.   Due to, or as a consequence of		18. CAUSE OF I	DEATH (Enter and	y one cause per line l	ar (a), (b), and (c).)			_				
19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  YES  21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M.  19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)  STREET, FACTORY, FARM, ETC.)  21 AUTOPSY  YES  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  UNDERLYING CAUSE OF DEATH P.M.  19 21f. LOCATION STREET CITY OR TOWN COUNTY	N	PART Z UTHER SIGNI	FICANT CONDITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TE	RMINAL DISEASE OR	CONDITION GIVEN IN PA	RT 1 a				
YES   210. EXTERNAL CAUSE WAS 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING OR AUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. INJURY OCCURRED 31d. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) STREET FACTORY, FARM, ETC.)  YES   21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR HOUR A.M. MONTH DAY YEAR STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	Z Ž	19a. DATE OF O	PERATION	19b. CONDIT	ON FOR WHICH OP	ERATION WAS	PERFORMED?				20 AU	TOPSY?
216 EXTERNAL CAUSE WAS 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19 216 INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR 19 216 INJURY OCCURRED 217 LOCATION STREET CITY OR TOWN COUNTY	<b>∮</b> ĕ										YES	
CONTRIBUTING CAUSE OF DEATH P.M. 19  21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	GR		Street,			21c HOW	INJURY OCCURRE	D (ENTER NATURE	OF INJURY IN ITE	M 18 PART 1 O	OR PART 2)	
21d. INJURY OCCURRED  71e PLACE OF INJURY (ATHOME, 21f. LOCATION  STREET, FACTORY, FARM, ETC.)  71e PLACE OF INJURY (ATHOME, 21f. LOCATION  STREET CITY OR TOWN COUNTY	S	CONTRIBUTING	CAUSE OF D									
	Me							CiTY	OR TOWN		COUNTY	

07/84 25M

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

completely filled in by the funeral director. p. 1\_and 2 should be filed within 72 hours after

executed

that the death

R ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP

retained by the hospital or attending physician.

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ι.	REGISTRAR		CERTIFICAT	E OF DEATH	REG. N	0.		
	ECEASED NAME FIRST	WIDDLE	LAST	1	2a. DATE OF DEATH	MONTH DAY	YEAR 21	HOUR 6
1	Alice	e	WYI	UN	may 2	1985	2.5	2 PM
3. S	EX	RACE	5. DATE OF BIRT	H YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF U		F UNDER 24 HRS
	Female	Black	MONTH	12 85	100	YRS	THO DATS	OURS MIN.
7a	SIRTHPLACE (STATE OF FOREIGN 7	L CITIZEN OF WHAT COUNTRY	MARRIED 1	VER MARRIED	9 BALTIMORE CITY	R COUNTY OF	DEATH	1 .
	VA.	WSIX	WIDOWED	DIVORCED	Balt	MOR	e Co	Lag MD
10 0	CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURS     (IF NOT IN SUCH FACILITY, GIVE STREET	ING HOME OR OTH	IER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O		126. KIND OF E INDUSTRY	BUSINESS OR
USU 13a.	JAL RESIDENCE (IF NURSING HOME OR O STATE 13b. COUNT		WN 134 IN	NSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	<b>A</b> (	24.)
11.	ma	Balt	MORE YES	OTHER'S MAIDEN NA	121345	1484	. 21	230
14. 6	Thornton "	LAST CSS	el II.M	Orusi II	MIDDLE	-	Jone	S
	WAS DECEASED EVER IN U.S. ARM	MED FORCES? 16b. SOCIAL SEC	URITY NO. 17 IN	FORMANT	ADDR	ESS		
	NO (IF 125, GIVE	N/	A alogG	ranville	fisher 11	46 N.	Carro	OHOW
	18 CAUSE OF DEATH (Enter only	one couse per line for 101, (b), c	and ice	10			APPROXIMA BETWEEN ONS	SET AND DEATH
-	PART I DEATH WAS CAUSED		·47C	00			yn	_5
	trade of the	DUE TO, OR AS A CONSEQU	UENCE OF	//	- 6	X		
10	Conditions, if ony, which gove rise to immediate	(b)	1940	control	Lathre	12	/ount	rd
	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEON	UENCE OF A	0.0.			VAS	5.
		(c)	No.	ZIAZI/13			/ "	
NO.	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	<u>) DEATH</u> BUT NOT R	ELATED TO THE TERM	NNAL DISEASE OR CON	DITION GIVEN	N PART Iro	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION WAS	PERFORMED	200 AUTOPSY?		ERE FINDING	
Ē					YES NO	YES [		NO 🗆
S. S.	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c F	OW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	1301
CAL	OR CONTRIBUTING CAUSE OF DEATH	P.M.	19					
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE		OCATION STREET	CITY OR TO	WN	COUNTY	STATE
2	AT WORK NOT WHILE AT WORK							
	22a.1 certify that (1) (this hospital				, to		, tho	
	sow the deceased alive an_ above, (1) (we) (did) (did not)	view the body ofter death.			death occurred on the d	ate and hour on		
	22b. SIGNATURE	1/2	DEGRE		CAMEDICAL STA	EE	220 DAJESIO	GNED
1		(	M		MEDICAL STA	IAN	0/5/0	10
	22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	72e /	ADDRESS /	111 11	Hon.	An	
L	10103200	716		er IV	100	1,00		
23a.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	1 1 (		RY OR CREMATORY	23d LOCATION	, 50	DUNTY	STATE
24	UNERAL DIRECTOR	5/6/85	ramily	910 +	E REC'D. BY REGISTRAR		SUCHALIBER	Va.
	NAME COMPANDED	C/4 1101 ADDRESS	4. 4	Aug TA		CHARLES IN THE	MODELLA CONTRACTOR	mod, -

march E/H 1101 E. North

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar other traumatic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BINN SI CHAMPER TOWNS OF THE STATE OF T Frankle State of the state of the state of VA USA STATE TO THE STATE OF TH the thorne technical with an election That I the House of a Torracy of a stable Market Carlot and service at the Carlot of Market

# moy be death. Page 4 executed within 24 haurs ofter completely filled in by the TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and cashould be detached for use as the burial-transit permit. Then please remove corban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, ar removal. certificate be requires that the death

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IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, or other traumatic event, the

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

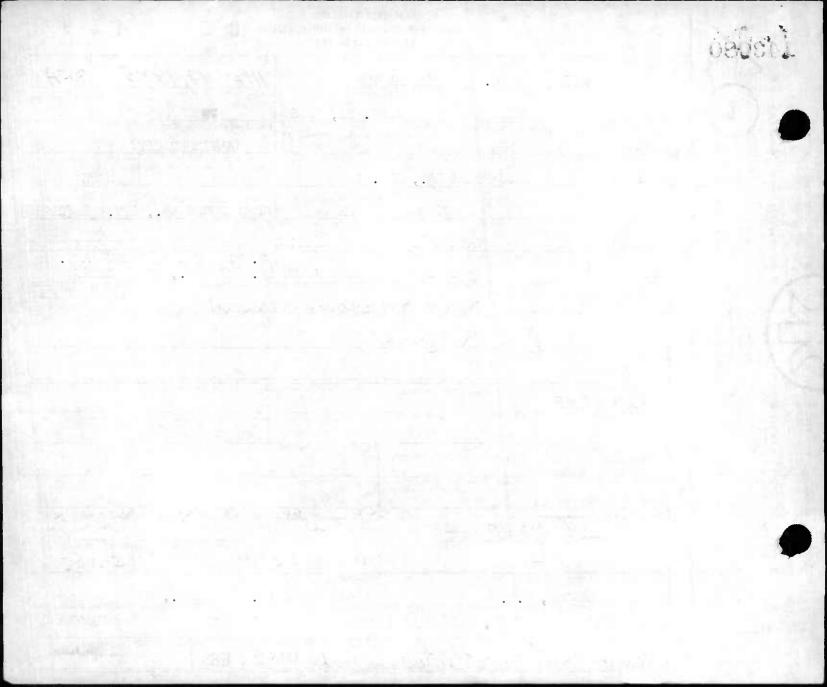
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FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYG	IENE 8 5	1 4	3 9 2
1. DECEASED NAME FIRST	WIDDLE	i	AST	20. DATE OF DEATH M	ONTH DAY YEAR	26 HOUR
DAVID	н.	YANKELO	OVE	MAY 17,	1483	19:15 A M
1 SEX	4 RACE	S. DATE C		6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS	
MALE	WHITE	SEI		78	YRS	S HOURS MIN.
BIRTHPLACE   STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	TRY? 8	D NEVER MARRIED X	9 BALTIMORE CITY OR	COUNTY OF DEATH	
MARYLAND	USA	WIDOWE		BALTIMO	RE CITY	MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NO	URSING HOME C	OR OTHER INSTITUTION	170 USUAL OCCUPATIO		OF BUSINESS OR
BALTIMORE	3800 FORDS	LA., APT	Γ. 1	NONE		ONE
USUAL RESIDENCE (IF NURSING HOME 130 STATE 13b COL MARYLAND	UNTY 13c. CITY OR		13d INSIDE CITY LIMITS? YES XX NO [	3800 FORDS		1 (21215
14 FATHER'S NAME FIRST LOUIS	MIDDLE YANKE		IS MOTHER'S MAIDEN NAME FIRST RACHE I	MIDDLE		COVITZ
(YES, NO OR UNKNOWN) (IF YES, O	GIVE WAR OR DATES)	SECURITY NO. 14-7424	3800 FORDS	IRS. MINNETTA LA. BALTO		APT. 1 1215
Conditions, if ony, which gove rise to immediate couse (0), stating the underlying cause lost.	DUE TO, OR AS A CONS	SEQUENCE OF SEQUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN IN PART  206. IF YES, WERE FIND IN CERTIFYING CAUSE  YES.	DINGS USED
	DEATH HOUR A.M. MONTH	H DAY YEAR	21¢ HOW INJURY OCCUR			
OR CONTRIBUTING CAUSE OF E	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COUNTY	STATE
	ottended the deceased f	19 85 , 01	nd that in (my) (aux) opinion	death occurred on the date	e and hour and from th	
22b. SIGNATURE	4		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIA	17-	TE SIGNED
22d. PHYSICIAN'S NAME (1991)  ARTHUR LEBSO			3640 FORDS	LA. BALTO	O., MD	
230 BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	23b. DATE MAY 19,1985	BNAI IS	EMETERY OR CREMATORY SRAEL	BALTIMORE	COUNTY	MARYLAND
24 FUNERAL DIRECTOR Sol Llunion 13	Inc - 6010 Re	"sterstor	21215 250. DAT	Y 2 1 1985	REGISTRAR'S SIGNA	ATURE CONTRACTOR

DHMH - 16 60M 7/B4 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital or attending physician.



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3451/6	FOR STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8	S REG.	NO.	4	3	9
	1. DECEASED NAME (TYPE OR PRINT)	FIRST A L L L L S	MIDDLE	YARDINI	20. DATE	OF DEATH	MONTH	DAY	YEAR	26. HOU

				REG. NO.	
CEASED NAME FIRST E OR PRINT) MILL	_1S	YAROW		5 8 85	DAY YEAR 26. HOUR 9.41 AM
× F EMALE	A RACE CAUCASIAN	5. DATE OF BIRTH	- 1900	85 ' YRS	
COUNTRY) RUSSIA	7b. CITIZEN OF WHAT COUNTRY?  USA	WIDOWED DEVER	MARRIED	BALTO. CIT	Y MC
BALTIMORE	SINAT HOSPI	AL, Baltimo			12b. KIND OF BUSINESS OR INDUSTRY  AT HOME
MD BXX	13c. CITY OR TOW	N 13d INSIDE	NO 🗌	2-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	DEAVE. MD-2121 KXXX AXXX Baltimor
FIRST	ROSENTHA	\L	ELLA	Ar I Mode SII	ROSENTHAL
	MED FORCES? 166 SQCIAL SECTE  E WAR OR DATES)  26-18-				HIA, PA 1910309
PART I. DEATH WAS CAUSE	DBY: APDI		ST		BETWEEN ONSET AND DEATH  25 mt
Conditions, if ony, which gave rise to immediate couse (a), stating the underlying course lost	DUE TO, OR AS A CONSEQUE	MYCCAR ENCE OF			0
	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATE	D TO THE TERMIN		
19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERF	ORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D.		NJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM I	B PART I OR PARI ?}
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F			CITY OR LOWN	COUNTY STATE
sow the deceased alive on	5 8 19				
22b. SIGNATURE	nsel		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/8/85
		22e ADDRI	Sina		215
BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		NAME OF CEMETERY OF	CREMATORY	23d LOCATION  CIBALTIMORE	COUNTY MARYLAND
	RTHPLACE (STATE OR FOREIGN COUNTRY) RUSS (A  ITY OR TOWN OF DEATH  BALT (MORE  AL RESIDENCE (IF NURSING HOME OR STATE  MAX  WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GN  NO  18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT  Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT ( RIGH  198 DATE OF OPERATION  216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINET 216. IN JURY OCCURRED  WHILE NOT WHILE SOW THE COUNTRY 216. ACCIDENT WAS UNDERLYING CONCOUNTRY 2176. ACCIDENT WAS UNDERLYING CONCOUNTRY 218. CAUSE OF DEATH 218. CAU	RTHPLACE (STATE OR FOREIGN COUNTRY)  RTHPLACE (STATE OR FOREIGN COUNTRY)  RTHPLACE (STATE OR FOREIGN COUNTRY)  RTY OR TOWN OF DEATH  B A LT (MORE SINCE (IF NURSING HOME OR OTHER INSTITUTION, GIME RESIDENCE BEFORE 13th COUNTRY)  AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIME RESIDENCE BEFORE 13th COUNTRY)  MAX  ROSENTHA  WAS DECEASED EVER IN U.S. ARMED FORCES?  IMAX  ROSENTHA  WAS DECEASED EVER IN U.S. ARMED FORCES?  IMMEDIATE CAUSE (D)  CONCURRING (IF YES, GIVE WAR OR DATES)  IMMEDIATE CAUSE (D)  CONCURRING (D), storting the underlying couse lost.  CONCURRING (D), storting the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO RIGHT COUNTRY HOUR A.M. MONTH D.M.  216. ACCIDENT WAS UNDERLYING (L) TIME OF INJURY HOUR A.M. MONTH D.M.  216. INJURY OCCURRED  WHILE OF OPERATION 19th. CONDITION FOR WHICH (IF EITHER NOTIFY MEDICAL EXAMINER)  216. INJURY OCCURRED  WHILE OF OPERATION 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, INDURY)  AT WORK AND WALLE OF OR PRINTI  221. CERTIFY that (M) (this hospital) attended the deceased from sow the deceased olive on obove, (1) (Mail (did) (did sout) view the body offer depth.  222. SIGNATURE  BURIAL CREMATION REMOVAL 23th DATE 123th DAT	A RACE CAUCASIAN    FEMALE   CAUCASIAN   S. DATE OF BIRTH MONIH DAY OS - 08     RTHPLACE (STATE OFFOREIGN   76. CITIZEN OF WHAT COUNTRY?   S. MONIH DAY OS - 08     RTHPLACE (STATE OFFOREIGN   76. CITIZEN OF WHAT COUNTRY?   S. MARRIED   NEVER WIDOWED   D. MARRIED   NEVER WIDOWED   NEVER WIDOWED   D. MARRIED   D	RTHPLACE (STATE OF FOREIGN TO COUNTRY)  RTHPLACE (STATE OF FOREIGN TO COUNTRY)  RTHPLACE (STATE OF FOREIGN TO COUNTRY)  RTHPLACE (STATE OF FOREIGN TO COUNTRY)  RTHPLACE (STATE OF FOREIGN TO COUNTRY)  RARRIED   NEVER MARRIED   VER MIDDLE NEVER MARRIED NEVER MEDICAL NEVER MARRIED NEVER MEDICAL N	A RACE  CAUCASIAN  S. DATE OF BIRTH  MOSH  OS - OS - 1900  S. DATE OF BIRTH  OS - OS - 1900  S. SATITIONICE (INTERSIALS BRINDAY)  PART ON THE STATE OF CONTROL  INCOMING RUSS (A STATE OF CONTR

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6010 REISTERSTOWN RD

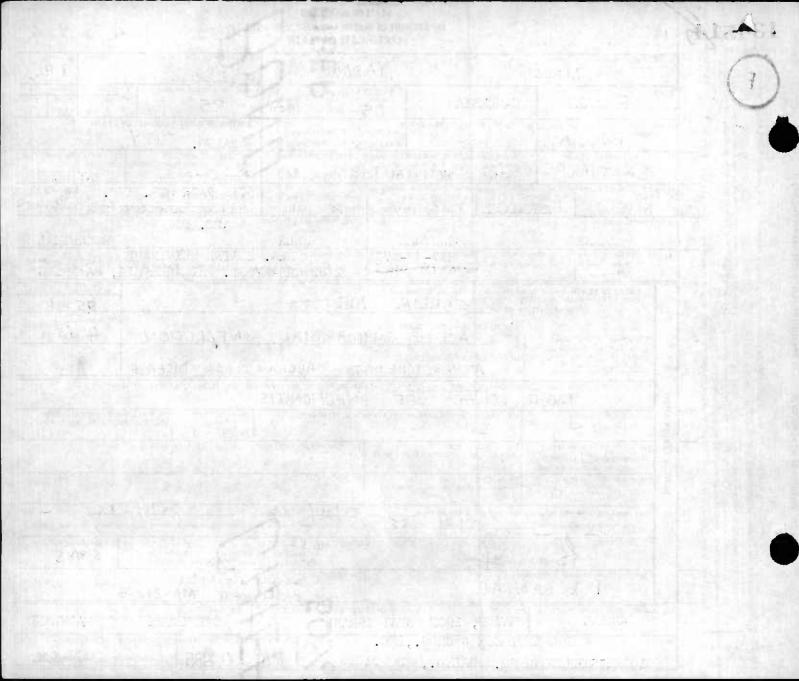
Julia Tavidson-Randell

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and ishould be detached for use as the buriol-transit permit. Then please remove corban-papers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

retained by the haspital or attending physician.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 136019 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20. DATE KNOWN [7] 26 HOUR (TYPE OR PRINT) OF ESTI-E 5 FOR YOUR FILES.

E) WITHIN 72 HOURS

W. RRESTON STREET, DEATH MATED Wayne Dennis Yearwood 19 85 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 1 SEX 5. DATE OF BIRTH 2c. DATE 26 BIRTHDAY) March. 25, 1959 PRONOUNCED Male White DEAD 8/ 19.85 P 76 CITIZEN OF WHAT COUNTRY? XX 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED U.S.A. Tenn. WIDOWED [ DIVORCED Baltimore City FILED, IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) Baltimore Groundskeeper Apt. Building University Hospital Shock Trauma USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21117 10904 Hunt Cliff Drive 13g. STATE Balto. Owings Mills 13d. INSIDE CITY LIMITS?
YES NO Md. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Minnie FIRST Zell Yearwood Clyde 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 165 SOCIAL SECURITY NO. 1978 - 10 3L Phlox Cirxle, YES, NO, OR UNKNOWN) - 1982 Yes 217-76-0489 Michael Tolentino Owings Mills, Md. APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF IN PENCIL IN EXAMINER Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, MEDICAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION USED 198. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES X NO [] E 3 SHOULD BE LEDEPARTMENT CONTROLLED 71g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XX. MONTH DAY tire. UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 1:10 M. 9 8/1985 pedestrian struck by rolling tractor trailer 71e PLACE OF INJURY 71d. INJURY OCCURRED SE 4 SHOULD BE FORWARDED FUNERAL DIRECTOR: PAGE 3 SH FIER DEATH, WITH THE STATE DEP. II. LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN Enchanted Hills Rd. AT WORK AT WORK roadway Reisterstown Rd. County, Autopsy XX 22th. I certify that I taak charge of the remains described above, held an and in my apinian Inspection Accident X death resulted fram Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 5/9/85 Assistant MEDICAL EXAMINER SIGNATURE MORE EXAMINER'S NAME 8 Gregory R. Kauffman, M.D. 111 Penn St (TYPE OR PRINT) ADDRESS. 0 23g BURIAL, CREMATION REMOVAL 23b. DATE 73r. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Burial May 11. 1985 Woodlawn Cemetery Woodlawn, Maryland 24 FUNERALDIRECTOR **DHMH** - 17 Owings Mills. Md. (VR A15 ME (5) 20M 4/82

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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5		4	3	7	7

REGISTRAR				CERTI	CAIL OI DE		REG. I	10.		
L DECEASED NAME	FIRST		MIDDLE	L	AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(TYPE OR PRINT)	Nino	Z	Gleaves	Ze	hring		May 9, 1	985		2:30 a
3. SEX		4. RACE		5. DATE C	F BIRTH	6	AGE (IN YEARS LAST E	RTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
Femal	e	Whi	te	Mar	. 23. 19	20°	65	YRS		HOURS MIN.
a. BIRTHPLACE (5	ATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MAI	nnico 🖂 🤅	9. BALTIMORE CITY	OR COUN	TY OF DEATH	For The St
	nginia	USA		WIDOWE	DI DIVO	RCED 🗌	Baltim		ity	м
0 CITY OR TOWN	OF DEATH		HOSPITAL, NURSING		R OTHER INSTITU		12a USUAL OCCUPA (TYPE QF, WORK FOR MOST			OF BUSINESS OF
Baltimon	e	South B	altimore		ral Hosp		Housewi			estic
USUAL RESIDENCE 130. STATE Maryland	HILL COU	ROTHER INSTITUTION NTY Arundel	Baltim		13d. INSIDE CITY YES NOTHER'S M	O X	13e STREET, ADDRESS	/ /	-	21 225
David		MIDDLE	Colli	ns	Nann	51	WIDDLE		In	ring.
160 WAS DECEASED		RMED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT		ADD	RESS		U
no	(# 125, 01	TE WAR OR DATES!	223-12-	3830	George	W. Zeh	ining, Sr.	Sam	e as #13	}
gove rise	f ony, which o immediate stating the couse lost.	(b)	R AS A CONSEQUE	nsire	Kurt	disea	<i>ae)</i>		15 y	1,
190. DATE OF			ONTRIBUTING TO D				200 AUTOPSY?	20b. IF Y	YES, WERE FINDE TIFYING CAUSES YES	NGS USED
OR CONTRACTOR	VAS UNDERLYING [ IG CAUSE OF DE	ATH HOUR A.	DF INJURY .m. Month Da .m.	Y YEAR	21c. HOW INJU	RY OCCURRE	D (ENTER NATURE OF IN	URY IN ITEM I	8 PART I OR PART 2)	
(IF EITHER, NOI  21d. INJURY C  WHILE AT WORK	CCURRED  NOT WHILE  AT WORK		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC )	211 LOCATION STREET		CITY OR	OWN	COUNTY	STATE
22a.1 certify sow the	deceased alive or	. //	ne deceosed from	5,01		19 <u>63</u> 	, toeoth occurred on the	date and h	nour and from the	
27b. 3GNAT	com	Signing	_ 7	nes	PH	ENDING YSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗌	5/2	1/85
M. N	1. KRIE	GER .	MD.		606 Hay	mmonds	Lane, Bas	timo	re, Md.,	21 225
(SPECIFY) BU	tion, remove urial	236. DATE 5/11/			emetery or cre		GLen Bur		A. A. Co	o., Mil.
74. FUNERAL DIREC	Funeral	Homas	Baltoness /	M.,	21225 o Ave.	M AATE	TECH. BY 1985 IRA	R 256. REG	ISTRAR'S RIGHA	HURE BO

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or ottending physician

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physics should be detached for use as the busial-transit germal. Then please remain readon approximately the State Dept. of Health and Mental Hygiene grief to busine, cremation, or remains

IMPORTANT: If Item 21 is marked or Item 18 share any injury, or oth

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DHMH-16 30M 2/80 (VRA 15, 4)

٥	- STATE REGISTRAR			CERTIFICATE OF DE	ATH	REG. NO.	1 4 0	7
	PE OR PRINT)	R. Vovi	J <sub>1</sub>	LAST	2a DAT	5/20	_	2b. HC
) 1. SE	× 4	4 RACE	B	5. DATE OF BIRTH		(IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	# UNDI
6	SIRTHPLACE (STATE OR FORE COUNTRY)  Maryland	76 CITIZEN OF V	VHAT COUNTRY?	8. MARRIED NEVER MAI	9 BALT	IMORE CITY OR CO		
10. C	ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	G HOME OR OTHER INSTITU	JTION 120 USI	JAL OCCUPATION WORK FOR MOST OF WORK	KING LIFE) 128. KIND (	OF BUSIN
USU 13a.			ONE RESIDENCE BEFORE	N 138 INSIDE CITY	LIMITS? 13e STR	EET ADDRESS		211
	daryland ATHER'S NAME FIRST	WIDDIE	LAST	15. MOTHER'S M	AAIDEN NAME ST	01 Marri	otsvill	
	Leroy WAS DECEASED EVER IN	Roger U.S. ARMED FORCES?	Your	<u> </u>	lean	ADDRESS	Hayn	es
	18 CAUSE OF DEATH	Enter anly ane cause per		2171 Airle	an Young	9901 Ma		
	18 CAUSE OF DEATH (I PART I, DEATH WAS	Enter anly ane cause per			an Young	9901 Ma		
	18 CAUSE OF DEATH (PART I. DEATH WAS	Enter anly ane cause per CAUSED BY: MEDIATE CAUSE (a) DUE TO, OII	line for (al), (ta), and		an Young	9901 Ma		
	18 CAUSE OF DEATH (I PART I. DEATH WAS	Enter anly ane cause per CAUSED BY: MEDIATE CAUSE (a)  DUE TO, Oil hich late the DUE TO, Oil the late the DUE TO, Oil the DUE	line for (al). (b), single Despuration of the same of		an Young	9901 Ma		i 11 e  (IMATE INT  ONSET AN  /8
N	18 CAUSE OF DEATH (I PART I. DEATH WAS IM Canditions, if any, w gove rise to immed cause (a), stating	Enter anly ane cause per CAUSED BY: MEDIATE CAUSE (a)  DUE TO, On hich liate the DUE TO, Or lost.	line for (al). (b), single Despuration of the same of	ory anest	AR Young	k		
N	18 CAUSE OF DEATH (PART I. DEATH WAS IM  Canditions, if any, we gove rise to immediate (a), stating underlying couse	Enter anly one cause per CAUSED BY: MEDIATE CAUSE (a)  DUE TO, OH hich liste the last.  CANT CONDITIONS CO	line for (al). (b), single Despuration of the same of	ed reptic	DROC THE TERMINAL DES	EALE OR CONDITION		MATE INIONSET AT A LACK MATERIAL MATERI
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230. BURIAL, CREMATION, REMOVAL BURIAL

23b. DATE 5/22/85

236 NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

ATTENDING PHYSICIAN

y Anne Arunde Tunico,

Md.

24 FUNERAL DIRECTOR

Wm C March F/H Inc. 1101 E North Avenue

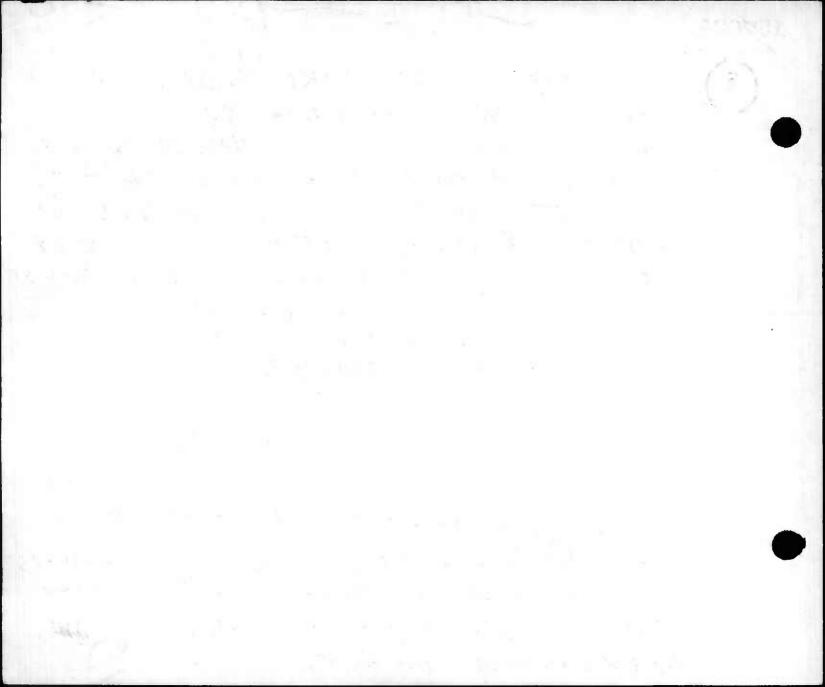
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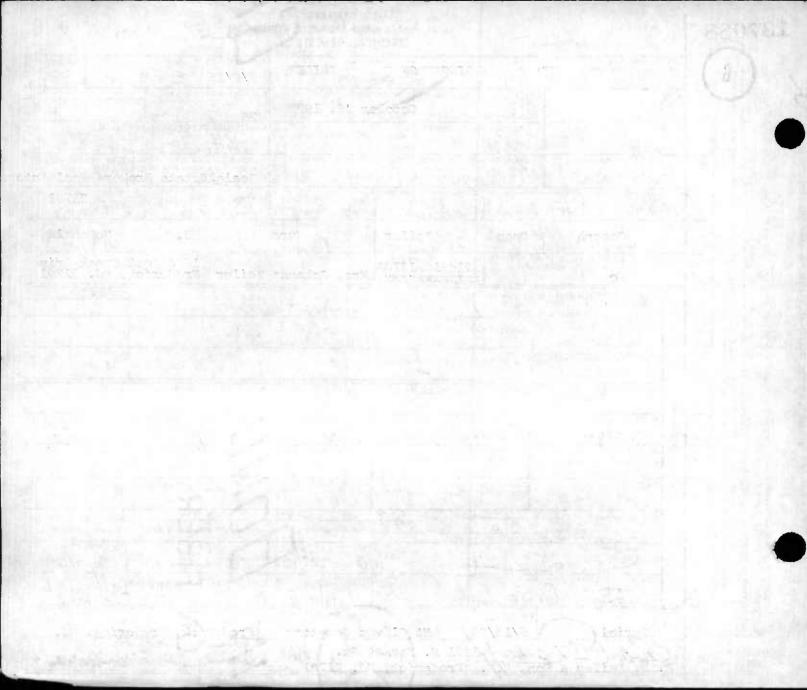
	4	13 To
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death centricate the executed within 24 haurs after death. Page A retained by the haspital or ottending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely titled in by the tuneral direct should be detached for use as the burial-transit permit. Then please remove corbandophir Pages, and 2 should be titled within 72 hour at
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	× 0	s be
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	TO HOSPITAL OR ATTENDING PHYSICIAN; The I retained by the haspital or ottending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove corben popels

15702	4	1 -	FOR STATE REGISTRAR	DEPARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HYGII CATE OF DEATH	ENE 8 5	4 3	9 7
			CEASED NAME FIRST	MIDDLE	ST	20 DATE OF DEATH MONTH	DAY YEAR 2b	HOUR
1 2	)		ANThoN)	ZACh	ARSKI	MAY 2	9 85	M
i Lap	,	3. SE)		RACE S DATE OF	BÎRTH DAY XEAR	6. AGE (IN YEARS LAST BIRTHDAY)		UNDER 24 HRS.
10 and		7- 011	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY? 8	14 1892	9. BALTIMORE CITY OR COUN	TV OF DEATH	
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he faw re on. has been t permit. I	Shows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	WAS PERFORMED	IN CERT	ES, WERE FINDINGS TIFYING CAUSES OF I YES \( \) N	
ding physics ding physics is certificate burial-transi Mental Hyg	Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  {IF EITHER, NOTIFY MEDICAL EXAMINER}	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCURRE	D (ENTER NATURE OF INJUNIEN IEM 18	9 PART I OR PART 2)	
3 Pr iffen er th the and	p	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	2H LOCATION STREET	CITY OR TOWN	COUNTY	STATE
TTENDING pital ar o TTOR: After for use as	21 is mark		220 I certify that (I) (this haspital law this described given above, (I) (we I did ) (id not)	20 - 065	1 that in (my) (our) opinion de	eath occurred on the date and h		(i) we) lost ses stated
by the haspital by the haspital ERAL DIRECTOR e detached for v State Dept. of H	IT: If Item		Peren Vile		EGREE ATTENDING PHYSICIAN	MEDICAL STAFF	5-3	0-85
HOSinned Property FUN	MPORTANT		22d. PHYSICIAN'S NAME ITYPE OR P	PAVERO W.D.	Spring G	rove Hosy	y. Ceul	ev
O se O se y	≥ →	23a. B	URIAL, CREMATION, REMOVAL	236. DATE 23c NAME OF CE	METERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
BP	_	74 FI	INERAL DIRECTOR	6/1/83 13/15/	7/13/HUS	REC'D. BY REGISTRAR 25b. REGI	STRABISANCE LA TIRE	
DHMH - 16 50M 4 (VRA 15, 4)	1/83	10	IN M WERFR 95	ONG INC. CHESTE	R ST. WIN	4 1985	TO (Albert of Arrows	
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STATE OF MARYLAND

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physics phosper mavel.	1	18 CAUSE OF DEATH   Enter of PART I. DEATH WAS CAUS	ED BY:	(b), ond (c).)	inforctio	V	1	BETWEEN ON	ATE INTERVAL SET AND DEATH
quires that the death signed by the animal tenth please semple cor to burial, cremation, as jury, or other troumath	NO	Conditions, if any, which gove rise to immediate course (a), storing the underlying course last  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON	NORY OF		ase NINAL DISEASE OR C	CONDITION GIVEN	N IN PART 110	
The law rection which bear as permit T glenn prior I glenn	RIPICATION	1% DATE OF OPERATION 5/9/85	Corowary	which operation	WAS PERFORMED	200 AUTOPSY?	IN CERTIFYI	WERE FINDING NG CAUSES O	
SSCIAN. Tog physic certificati Agental Hyg	NICAL CERT	21st ACCIDENTIWAS CHERESTERS [ OR CONTRIBUTING []] CAUSE OF DE OR STITUE, NOTIFE MEDICAL EXAMINE 214. INJURY OCCURRED	HOUR A.M. MONT	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18 PAR	1 OR PART 2)	
MG PH offer the os the b	MEE	AT WORK AT WORK AT WORK AT	(AT HOME, STREET, FACTORY,		STREET	/	OR TOWN	COUNTY	STATE
ATTEND apital o CTOR. A 1 for use 2 1 is m	3		nitol) ottended the deceosed  G  ot) view the body ofter death	_19 <u>85</u> , an	d that in (my) (our) opinion	. 10	he date and hour o	and from the co	
by the bo by the bo ERAL DIRE e detached State Dep		THE SIGNATURE	4			MEDICAL DIRECTOR PH	STAFF IYSICIAN 🔼	5	9/85
O HOSPITA mained by TO FUNER Hould be d who Sta			ANET/MD/		220 ADDRESS MIVERS		Ml.	Hosp	ital
BP		URIAL CREMATION, REMOVA SPECTO BUPIAL	23b. DAYE 5/13/85/	Tel: 71120	et Cemetery	236 LOCATION CITY OF TOV		erick,	STATE Md.
DHMH - 16 50M 4/83 (VRA 15, 4)	24. F	MHAIDINGO F Daileu &	selec /1201	Ns. Marke	t St. AAA	E REC'D. BY REGIST	RAR 256. REGISTRA	AR'S SIGNATUI	della :



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.				
		CEASED NAME FIRS	ST	MIDDLE		AST	2a DATE OF DEATH MO	NIH DAY	Y YEAR	26. HOUR	
	,,,,,		MAN	M.	21	FLLER	05	, 26	3 85	BORM	
	3. SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHD	_	UNDER 1 YEAR	IF UNDER 24 HRS	
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p	7a. BIF	THPLACE (STATE OR FOREIG		WHAT COUNTRY?	8.		9 BALTIMORE CITY OR		FDEATH		
1		OUNTRY)	II C A			D NEVER MARRIED					
		ryland	U.S.A		G HOME C	DR OTHER INSTITUTION	Baltimore (		12h KIND C	MD. OF BUSINESS OR	
1			(IF NOT IN SUC	CH FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST OF W		INDUSTRY		
		ltimore				<u>dical Center</u>	Construction	on	Unio	n	
d)	13a S	L RESIDENCE (IF NURSING TATE	COUNTY	13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS				
7	Ма	ryland Ba	altimore	Dundalk		YES NO K	7831 St. Gre	gory	Drive	21222	
1	H FA	THER'S NAME		LAST		15 MOTHER'S MAIDEN NA	ME				
P	Dh	illib	MIDDLE	Zeller		Helen	WIDDLE		til on le	onski	
d		AS DECEASED EVER IN U.	S ARMED FORCES?	16b. SOCIAL SECUI	RITY NO	17 INFORMANT	ADDRESS		wallk	Oliski	
0	14	ES, NO OR UNKNOWN) (IF Y	ES, GIVE WAR OR DATES)								
	Ye	es V	W II	II 219-05-51		Eleanor Zell	er	Same	e as l		
		18 CAUSE OF DEATH (En	ter only one couse per	SEPS15	(c),)				BETWEEN	MATE INTERVAL	
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		DUE TO, OR AS A CONSEQUENCE OF									
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		underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF									
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	Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
7	CERTIFICATION	19a. DATE OF OPERATION		1	metas	N WAS PERFORMED		LE VEC 1	WERE NINDIN	NCC HOLD	
-	EC.	III. LOC	IND. COIND	-ch-k	OFERATIO	1 ( 1111	200 AUTOFST:	CERTIFYII	NG CAUSES	OF DEATH?	
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1	N S	(IF EITHER, NOTIFY MEDICAL EX		M.	19						
	MEDICAL	21d INJURY OCCURRED	21e PLACE			21f. LOCATION STREET	CITY OR TOWN		COUNTY	STATE	
	Σ	WHILE NOT WHILE T	] [AT HOME ST	REET, FACTORY, OFFICE, FA	ARM EIC)	SIRCE	4			3,4,6	
		22a. I certify that (I) (this	hospital ottended th	e_deceased from	4/4	19 65	to 5/36	. 19	35_	tho (I) (we) lost	
		sow the decease oli above (ii) (we) (did (c			39 T, or	nd that in (my) (our) opinion	deoth occurred on the date	and hour o	nd from the		
		22b. SIGNATURE	did not) view the body	atter death.		DEGREE			22c DATE	SIGNED	
		muha	ess.			ATTENDING _	MEDICAL STAFF	re-	5/	2/85	
_		22d. PHYSICIAN'S NAME	TABLE OF BUILTING		7	PHYSICIAN _ 22e ADDRESS	DIRECTOR PHYSICIAN	1 100	1 3/4	@19	
		MICHAEL AND NAME	THE OR PRINT!	V KO =OC	U	/	و اس ما مرسید	LIZA	CEA	TED .	
		MUHALLS	, JOININE	NOCKO		1 MANCO SC	OTT KEY	LICE	رسرر	01	

DHMH-16 30M 2/80 (VRA 15, 4)

IMPORTANT

780 74 FUNERAL DIRECTOR Duda-Ruck, Inc.

Burial

23a BURIAL, CREMATION, REMOVAL (SPECIFY)

Dundalk, Maryland 21222

5/30/1985

23c. NAME OF CEMETERY OR CREMATORY

St. Stanislaus

MAY 31 1985

23d. LOCATION CITY OR TOWN

Baltimore

Maryland

COUNTY

SELECTION AND DESCRIPTION OF THE PARTY OF TH